



Credit Card Authorization Form

I authorize the amount of \$ _____ to be paid to Special Effects Unlimited, Inc. with payment by my credit card.

Name (please print)

Contact name (if business)	Phone number	
Address		
City	State	Zip
Name as it appears on card (if different than above)		
Select type of card Visa ___ Mastercard ___ Amex ___ Discover ___		
Card number:	Exp. Date:	
I promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card.		
Signature		

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