



Credit Authorization Form

Cardholder Name: _____

Cardholder Company: _____

Credit Card Number: _____

Expiration Date: (4 digit) ____/____ Security Code _____

Billing Address: _____

Phone Number: _____

E-Mail Address: _____

Applicable convenience fee: (Please check one.)

- American Express 3.25%
- Visa/MasterCard Corporate 3.00%
- Visa/Master Card Personal 2.5%

I, (Print Cardholder Name) _____

authorize Movie Time Cars, Inc. to charge the credit card listed above for the amount of \$ _____.

Signature: _____

Date: _____

Please include copies of the credit card and ID (front and back).

By submitting this information the cardholder agrees that Movie Time Cars, Inc. will bill the subscriber's credit card for the amount listed above.