



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.**