



CREDIT CARD AUTHORIZATION FORM

DATE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD ACCT #: _____

EXPIRE. & CVC CODE: _____

CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize ELDORADO RECORDING SERVICES to charge the above credit card for all purchases posted to my account.

Cardholder's Signature

You must include a copy of the above mentioned credit card – both front and back.

PLEASE FILL OUT & FAX THIS FORM ALONG WITH A PHYSICAL COPY OF THE ACTUAL CREDIT CARD TO (310) 670-0545.