



## Credit Card Authorization Form

120 New Britain Blvd – Chalfont – PA – 18914 - Ph#215-822-0600 – www.rtgfilms.com

**Cardholder Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Shipping Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Card Type (Please Circle)	Card Number	Exp. Date (MM/YY)
<b>Visa/ MasterCard/ Discover</b>	_____ - _____ - _____ - _____ <b>3 Digit Code</b> _____	____ / ____
<b>American Express</b>	_____ - _____ - _____ - _____ <b>4 Digit Code</b> _____	____ / ____

I authorize RTG Films, Inc. to apply a 50% deposit on the below PO#. The balance due will be charged when completed which may include additional fees (IE: freight, etc). NOTE: The PO total amount will indeed be different from what is billed.

PO # \_\_\_\_\_

Please sign to authorize RTG to charge your Credit Card: \_\_\_\_\_

**IF YOU PREFER TO USE THIS CREDIT CARD FOR ALL FUTURE ORDERS, PLEASE COMPLETE THE FOLLOWING:**

I, \_\_\_\_\_, authorize RTG FILMS, INC. to use the above referenced Credit Card for **all future orders.**

Cardholder Signature: \_\_\_\_\_

Date Authorized (DD/MM/YY): \_\_\_\_\_