



**CUSTOMER AUTHORIZATION  
FOR CREDIT CARD TRANSACTION**

**Deluxe Laboratories:**

Toronto: \_\_\_\_\_ Hollywood: \_\_\_\_\_

Deluxe Digital Media / ITI: \_\_\_\_\_

Deluxe Digital Studios: \_\_\_\_\_

Deluxe Post Production: \_\_\_\_\_

Deluxe Film Rejuvenation: \_\_\_\_\_

Deluxe Film Services: \_\_\_\_\_

Deluxe Media Management: \_\_\_\_\_

**EFILM:** \_\_\_\_\_

**DFS/ETS:** \_\_\_\_\_

**Softtiter:** \_\_\_\_\_

**MediaVu™:** \_\_\_\_\_

**The Lab:** \_\_\_\_\_

**Deluxe London/Rome:** \_\_\_\_\_

**Deluxe Other:** \_\_\_\_\_

I/We hereby authorize Deluxe to charge the below named invoice(s) or Docket/Factory order number to my (our) credit card as follows:

Invoice/Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

**CREDIT CARD: (circle one) VISA: MASTER CARD:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**NAME AS APPEARING ON CREDIT CARD:** \_\_\_\_\_

**EXPIRATION DATE (FOUR DIGIT CODE):** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT**

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

I/We hereby agree that this transaction is for the purchase of film/production work from Deluxe, and is tendered in good faith. Deluxe will process this authorization on the day that it is received, unless we get specific instructions from you otherwise. Deluxe requires the cardholder's full address including zip/postal code. Deluxe will provide a receipt of this transaction for your records. Thank you.

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP/POSTAL CODE:** \_\_\_\_\_

Thank you very much for your business. Should you want us to charge your monthly payments automatically on the 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ or 30<sup>th</sup> \_\_\_\_\_ of every month, please indicate by initialing on the line above.