

**CREDIT CARD AUTHORIZATION FORM:**

Date:	
Job Name:	
Company Name:	
Contact Person:	
Contact Email:	
Visual Alchemy Invoice #:	
Amount \$:	

Visa:                      Mastercard:                      American Express:

Card #:	CVV:	Exp.
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Cardholder Name:	
Card Billing Address:	

I, the undersigned, authorize Visual Alchemy, LLC to chard the above Credit Card for services provided and/or rented articles including a credit card fee of 3.5%.

Signature of Cardholder:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

**CREDIT DEPARTMENT**

Exact Legal Name of Business: \_\_\_\_\_

DBA: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ SSN (IF Sole Proprietor): \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMPANY PROFILE**

Check One:

Corporation:      Sole Proprietorship:      Partnership:      LLC:      Other:

**BANK INFORMATION**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

**CREDIT REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_