



Credit Card Authorization Agreement

Contract Number / Invoice Number

I _____ hereby authorize
Hollywood Forever to charge my credit card account.

(Please check one) ___ Visa ___ MasterCard ___ Amex ___ Discover

Name as it appears on the card : _____

Credit Card Number _____

Exp ____/____ CID _____

Total Amount \$ 150

Authorized Signature

_____ Date _____

Street Address

City, State

Zip

Telephone No: _____

Altar name _____

Family/Organization name

NOTE: Card will only be charged if your altar space is not vacated and cleaned
up by 7am October 25th, 2026.