HOLLYWOOD FOREVER

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 : _____

_____ Expiration Date ____/_____Code_____
Credit Card Number

Total Amount $_____

Authorized Signature _____Date_____

_____

Street Address City Zip Code

Telephone No:_____ _____

6000 Santa Monica Blvd., Hollywood, CA 90038 Tel 323-308-4733 Fax 323-308-4770