



# CREDIT CARD AUTHORIZATION DEPOSIT FORM

I, \_\_\_\_\_ an authorized representative of

(name)

\_\_\_\_\_ hereby authorize Cinema Support LA to

(company)

charge the following credit card:

VISA

AMEX

MC

DISCOVER

CC # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV # \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For a deposit amount equal to the insurance deductible associated with my account. I authorize Cinema Support LA to keep this authorization form on file and to charge my card for any future outstanding balances.

Signature

Copy of card holder's ID and front and back  
of credit card must accompany this form.

Date