



Credit Card Authorization

Customer hereby agrees that credit card listed below will be billed and assumes full responsibility for payment on all account charges on attached invoices.

**I hereby authorize Clark Production Associates, Inc. to charge
Visa / MasterCard / American Express account # _____
with an expiration date of _____, in the amount of \$ _____
as payment for services as outlined in the attached invoice. This
agreement must be signed by an individual of legal age with authority
to bind the terms and conditions.**

Please attach a copy of your credit card and business card in order for authorization process to be completed.

Cardholder/Authorized User's Signature

Cardholder/Authorized User's Name (Printed)

Name on Credit Card

Cardholder's billing address

OFFICE USE ONLY

APPROVAL NUMBER: _____

DATE OF APPROVAL: _____

AMOUNT OF APPROVAL: _____