



Credit Card Authorization

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

I hereby authorize Clark Production Associates, Inc. to charge Visa/MasterCard account # _____ with an expiration date of _____, in the amount of \$ _____ as payment in full for services rendered. 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: _____

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