



Credit Card Authorization Form

I, _____ (Name), authorize Mindfile Multimedia, Inc. to charge my _____ (Card Type), _____ (CC#), _____ (Security Code) ____/____ (Expiration Date) for production services provided.

Date of Service: _____

Invoice #: _____

_____, Customer Signature _____, Date

Contact information below must match the credit card holder's credit card billing statement.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

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