



# CREDIT CARD AUTHORIZATION FORM

**Student Name:** \_\_\_\_\_ **Production:** \_\_\_\_\_

## Credit Card Information for Family Theatre Inc.

Contact (if needed) Family Theatre Inc. Owners/Directors: Craig & Suzanne Greely (Craig 310-720-0456 & Suzanne 310-722-1165)

Family Theatre Inc. [www.familytheatreinc.com](http://www.familytheatreinc.com) Email: familytheatreinc@yahoo.com

### Credit Card Company:

- Mastercard
- Visa
- Discover
- AMEX
- Other \_\_\_\_\_

Cardholder Name (as written on the card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### Billing Information:

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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