



Walter Lighting & Grip Inc.
 905 McCaffrey
 Saint-Laurent, Quebec, H4T 1N3
 514.345.1111 - Fax: 514.345.0550
 www.wallyvision.com
 ap@wallyvision.com

CREDIT CARD AUTHORIZATION REQUEST

Company Name: _____

Name On Card: _____

Address Where Card Is Billed: _____
Street Address

_____ City _____ Province / State _____ Postal Code / Zip

Telephone: _____ Fax: _____

Visa **M/C** **Amex**

Card Number: _____ **Exp. Date:** _____ / _____
Month Year

Verification Code*: _____

*Visa & MasterCard: This is the last 3 digits on the signature strip on the reverse side of the card

*Amex: This is the 4 digit number on the front side of the card above the account number

***** A 3% Credit Card Processing fee will be added to your invoice *****

*** USD Cards will be subject to a 4% Charge

I hereby authorize Walter Lighting & Grip Inc., and its successors and assigns to charge the the above captioned credit card any purchases, rental fees, security deposit, missing & damaged equipment fees, or any other fees or charges related to any purchase, rental, repair or any other service provided to the above named customer. When signed, this document will serve as "Signature on File" for all orders in my name and/or in the name of the company.

I also agree that any balance remaining due after 30 days for the above mentioned client may be charged to the above credit card.

This Agreement may be terminated by either party within 30 days written notice or upon the expiration date of the credit card, whichever occurs first. Any ourstanding balance owed can and will be charged to my credit card. In the event no future charges can be processed on my credit card, for any reason, I agree to be personally responsible to pay those charges to Walter Lighting & Grip Inc. upon demand.

Cardholder Signature: _____ Date: _____

Agreed to and accepted by : _____

Title: _____

Sales Order Number: _____