



GREENWOOD CINE
91 19TH ST 1ST FL
BROOKLYN, NY 11232

CC AUTHORIZATION

Please complete all fields. You may cancel this authorization at any time. This will remain in effect until cancelled.

Company | Name

Invoice | Quote #

CARD TYPE:

MASTERCARD

VISA

DISCOVER

AMEX

CARDHOLDER NAME (AS SHOWN ON CARD) :

CARD NUMBER :

EXPIRATION DATE (MM/YY) :

SECURITY CODE :

BILLING ADDRESS :

CITY :

STATE :

ZIP :

EMAIL ADDRESS :

By signing this agreement, I authorize GREENWOOD CINE to charge the credit card provided for the agreed Quotation or Invoice amount. For Rental Agreements, I also authorize this card to be charged for any missing or damaged charges up to the insurance deductible. I have read the Greenwood Cine Rental Agreement. I understand that I will be held fully responsible for the above charges.

NAME

SIGNATURE

DATE