



COLLINS VISUAL MEDIA

DESIGN • SIGNAGE • HERO PROPS

10518 JOHANNA AVENUE
SHADOW HILLS, CA 91040

CREDIT CARD AUTHORIZATION

FAX TO: (818) 806-3229

EMAIL TO: Accounting@CollinsVisualMedia.com

W-9 Form can be found on our website at www.CollinsVisualMedia.com

GENERAL:

Name of purchaser _____

Company _____ Job Name/Event Name _____

Total Amount to be Charged \$ _____ Invoice # _____

Repeat customer? Yes No

PAYMENT INFO:

Credit Card Number: _____

Payment Type: Visa MasterCard Discover American Express

Expiration Date: _____ CSC: _____
(Example: MM/YY) (3 digits on back of card. If AMEX, 4 digits on front of card.)

BILLING INFO:

Name on Card _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

SHIPPING INFO IF APPLICABLE:

Check if same as billing

Name on Card _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Date items need to be in hands by: _____ Date of event: _____

HOW DID YOU HEAR ABOUT US?

Who should we thank? ❤️

- Internet
- Variety 411
- Co-worker referred me _____
- George Collins
- Creative Handbook
- Friend referred me _____
- Postcard/Mailing
- Magazine/Publication
- Other _____

Signature _____

Print Name _____ Date _____