

Disney Entertainment Television
 Costume Department

CREDIT CARD AUTHORIZATION

- American Express Visa
 Master Card Discover Card

Company:	Request #:
Name of Job:	PO #:
Contact:	Amount:

Credit Card Number: _____

_____ 3 or 4 digit code

Expiration Date: _____

Signatory Name: _____

Please include card holder's driver's license

I, _____, give Disney Entertainment Television the right to irrevocably authorize charges in the amount of _____, to the above credit card.

Signature: _____ **Date:** _____

Billing Address: _____

Phone Number: _____

Email Address: _____

Print clearly to receive credit card receipt

Should additional monies be owed I irrevocably authorize Disney Entertainment Television to charge the balance to my card.

Signature: _____ **Date:** _____

For your security please return this form by fax (818) 545-0468 along with a copy of card-holder's driver license.