



201 Santa Monica Blvd., Suite 400, Santa Monica, CA 90401 – FAX: 310.899.7200 - PH: 310.899.7230

CHARGE CARD AUTHORIZATION

Date: _____

ATTENTION: SCOTT MCNICOL/CREDIT DEPT.

Blink Digital is hereby given authorization, to place the following charge against said charge card, for the specific amount stated and for the specific client.

Client: _____
(name & _____
address) _____
e-mail address _____

Invoice (s) or _____

Work Orders (s): _____

Amount: _____ Card Expiration Date: _____

Charge Card Type(Circle One) : Visa Master Card American Express (Only)

Charge Card Account #: _____

Cardholder Name (Print): _____

Cardholder Signature: _____

Cardholder Phone #: () --

Cardholder Fax #: () -

CREDIT AUTHORIZATION #
