

# NBCUniversal

STUDIO OPERATIONS

## CREDIT CARD AUTHORIZATION FORM

Keep on file

Project Name: \_\_\_\_\_

Company: \_\_\_\_\_

Authorized users /  
item pick up: \_\_\_\_\_

I authorize Universal City Studio, LLC and the marked departments to charge my credit card for the total payment, deposit, any outstanding rentals, extended rentals, labor, sales, losses, damages and/or any other outstanding charges for the project specified above. Charge amounts are listed on a separate invoice. I agree to pay in accordance with the card issuer agreement.

- |   |  |
|---|--|
| <input type="checkbox"/> Costume Department (818-777-2722)    | <input type="checkbox"/> Set Lighting, Grip, & Mac Tech (818-777-2291) |
| <input type="checkbox"/> Editorial Facilities (818-777-0169)  | <input type="checkbox"/> Stages & Backlot (818-777-3000)               |
| <input type="checkbox"/> Prod. Office Services (818-777-7774) | <input type="checkbox"/> StudioPost (818-777-1111)                     |
| <input type="checkbox"/> Property / Drapery (818-777-2784)    | <input type="checkbox"/> Transportation (818-777-2966)                 |
| <input type="checkbox"/> Graphic Sign (818-777-2350)          | <input type="checkbox"/> Other: _____                                  |

A copy of this form must be submitted to each department marked above by the Card Holder or Authorized users.

### CREDIT CARD INFORMATION:

Name: \_\_\_\_\_  
(as appears on card)

Type of Card:  Master Card  Discover  
 American Express  Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(MM/YY)

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Card Holder's Signature Date

\_\_\_\_\_  
Card Holder's Email address Card Holder's Telephone Number

NO ALTERATIONS TO THIS CONTRACT WILL BE HONORED

This information will not be made available to the public. It is the responsibility of the individual/Company to notify the billing office when a credit card is cancelled or revoked.