



ADVANCED DIGITAL SERVICES

# CREDIT CARD AUTHORIZATION

ONE TIME USE ONLY

KEEP ON FILE FOR FUTURE USE

ADS WO #: \_\_\_\_\_

ADS Acct #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_


Security Code #: \_\_\_\_\_ (on back of card).

Please **print** the required information below:

 \_\_\_\_\_  
**Card Holder**

 \_\_\_\_\_  
**Card Billing Address**

 \_\_\_\_\_  
**City, State, Zip Code**

 \_\_\_\_\_  
**Telephone**

\_\_\_\_\_ **Email**

I/We hereby authorize Advanced Digital Services, Inc. to charge on the credit card identified above in the amount of \$ \_\_\_\_\_, or not to exceed the amount \$ \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

Include a copy of the credit card (front & back) and driver's license with the completed form.

Please return the completed form

via email to [aimee.falkor@adshollywood.com](mailto:aimee.falkor@adshollywood.com).

FOR OFFICE USE ONLY:	
CREDIT CARD PROCESSED BY: _____	DATE: _____