



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.

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