

Credit Card Authorization Form

Fill out form carefully.

Date:

I, _____, authorize Studio Carts to Process applicable charges on my credit card regarding the following services: (Circle one of the following)

- 1. Purchase of Cart(s)
- 2. Repair of Cart(s)
- 3. Rack Purchase and Installation

TYPE OF CHARGES

- (1) Labor for service rendered
- (2) Parts and additional equipment needed for repair
- (3) Shipping and handling fees
- (4) Warehouse Storage fees for palletized items (see Storage Authorization)

Charge C	Card Information:	(Circle one below)		
Visa	American Express	Discover	Master Card	
Card Nu	mber #:			
Expiratio	on Date:	V-Code:		
Signature	e of Authorized User: _			
Address	of Card Holder:			
City:		State:	Zip Code:	
Phone number #:			Fax#:	
E-Mail a	ddress:			
This form	n is to be completed for	all credit card charge	es.	
T. (818)	767-1122			F. (818) 768-9900
info@studiocarts.com 11274 Goss Street Sun Valley, CA 91352				www.studiocarts.com