



184 Everett St. Boston, MA 02134
617 903-3373

CREDIT CARD AUTHORIZATION

I _____ HEREBY AUTHORIZE RED SKY STUDIOS, LLC TO
CHARGE THE AGREED AMOUNT BELOW TO MY CREDIT CARD:

BUSINESS NAME _____

NAME ON CARD: _____

BILLING ADDRESS: _____

BILLING ZIPCODE: _____ PHONE NUMBER: _____

CREDIT CARD TYPE: _____ VISA _____ MasterCard _____ Discover _____ AmEx

CREDIT CARD NUMBER: _____

CVV# (3 or 4 digit security number) _____ EXPIRATION DATE: _____

AMOUNT TO CHARGE: \$ _____

ESTIMATE/INVOICE NUMBER: _____

CARDHOLDER - Please sign, date and print name below:

SIGNATURE: _____

DATE: _____

NAME: _____

This credit card information should be kept on file with Red Sky Studios for future charges.

**Please charge all of my future orders to the credit card above, unless I request in writing that you
can no longer do so.**

Date _____

Signature _____