SIGHT & SOUND PRODUCTIONS
See it. Hear it. *Experience* it.

MUGWUMP PRODUCTIONS
EVENT DÉCOR & DESIGN

CREDIT CARD AUTHORIZATION FORM

All payments made to Sight & Sounds Productions | Please provide a photocopy of credit card with driver's license

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder's Name: _____

Credit Card Account#: _____

Expiration Date: _____ V-Code _____
Last 3 digits near signature or if AMEX-4 digits on front

Cardholder's Phone#: _____ E-Mail Address: _____

Cardholder's Address (Please list address where credit card bill is sent):

_____

_____

Invoice /Job Order#: _____ **OR** Event Name:_____

Date of Function: _____

*I authorize Sight & Sound Productions to charge my credit card in the amount of: $*_____

I, _____, certify the above information to be true & correct to the best of my knowledge and as the cardholder (or authorized user of the card), I am authorizing the above amount to be charged to my account for services rendered by Sight & Sound Productions.

_____	_____	_____
Printed Name	Date	Signature

PLEASE NOTE

A 3.0% convenience fee will be added to credit card sales charging more than $1,000