



Artery Props

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Create a work of art with Artery Props

Credit Card Authorization Form

Please Fax to:
(818) 351-7899

Date: ____ / ____ / ____

Name on Card: _____

Type of card: ☐ Visa ☐ M.C. ☐ AmEx ☐ Discover

Card number: _____ CVV number: _____

Expiration Date: ____ / ____

Company: _____

Billing address: _____

City/State/Zip: _____

Phone number: (____) ____ - ____

E-mail address: _____

I hereby authorize Artery Props to charge this credit card for the below amount.

Total charge: \$ _____.

Print name: _____

Signature: _____

Date: ____ / ____ / ____

By signing this form I acknowledge that I am an authorized representative of the aforementioned company. I also understand these charges will appear on my credit card statement under the name of 'Sailout Productions, LLC' and I accept full financial responsibility for payment of this order. I further understand that the copyrighted designs I am renting will be licensed to the individual person/company listed above for a one-time use only and any duplication or redistribution is strictly prohibited and is punishable by law.