



INTERWOVEN
S T U D I O S

CLIENT NAME

SHOOT / JOB

BILLING DETAILS

CARDHOLDER NAME

CREDIT CARD (Visa, Mastercard, Amex, etc)

CREDIT CARD NUMBER

EXPIRATION

SECURITY CODE

BILLING ADDRESS

CITY / STATE / ZIP

PHONE NUMBER

EMAIL

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THAT THIS FORM IS FOR INTERWOVEN STUDIOS' SECURITY.

I UNDERSTAND THAT INTERWOVEN STUDIOS WILL NEVER RUN MY CREDIT CARD WITHOUT MY PRIOR CONSENT.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT UPON COMPLETION OF MY RENTAL PERIOD, INTERWOVEN STUDIOS WILL FURNISH ME WITH AN INVOICE CONTAINING MULTIPLE OPTIONS TO PAY BESIDES CREDIT CARD (INCLUDING ACH TRANSFER). IN THE EVENT MY ACCOUNT STATUS IS DELINQUENT, I HEREBY AUTHORIZE INTERWOVEN STUDIOS TO CHARGE THE CREDIT CARD LISTED ABOVE FOR ALL AUTHORIZATIONS, CHARGES, AND UNPAID INVOICES. I UNDERSTAND THAT A 3.0% CREDIT CARD FEE MAY BE ADDED TO MY BALANCE.

SIGNATURE

DATE

PLEASE RETURN COMPLETED FORMS TO ADMIN@INTERWOVEN-STUDIOS.COM

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