

ON CAMERA ACTING FILM & TV ACADEMY

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Fax to 310-388-5556

Credit Card Authorization Form

Contact Information:	
Name:	
Credit Card Billing Address:	
City/State/Zip code:	
Phone Number: Primary:	Secondary:
Film & TV Academy Information:	
AUDITION & INTERVIEW BOOT CAMP – TV DIRECTOR/CASTING DIRECTOR	
Date/Time: Saturdays, September 19th, September 26th, October 3rd & October 10th from 1:30-3:30PM	
Location: Stagewerx Theater 533 Sutter St. San Francisco, CA 94102	
Name of Model/Actor:	
Notes:	
Credit Card Information:	
Credit Card Number:	
Expiration Date:	3 Digit Verification Code (back of card):
Credit Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Amount Authorized To Be Charged (USD): \$350.00 Write amount in words	
Amount Authorized To Be Charged (USD): \$280.00 (20% off Sibling Discount) Write amount in words	
Signature:	

Date:	
I agree to pay above amount according to card issuer agreement (Merchant Agreement if Credit Voucher) I acknowledge this payment is transferable and non-refundable.	

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