

ON CAMERA ACTING FILM & TV ACADEMY

5042 Wilshire Blvd., Suite 850 Los Angeles, CA 90036 800.496.0125

Fax to 310-388-5556

Credit Card Authorization Form

Contact Information:	
Name:	
Credit Card Billing Address:	
City/State/Zip code:	
Phone Number: Primary:	Secondary:
Email:	Fax:
Agent Showcase Information:	
Agent Showcase with Models, Inc. - Top Talent Agency in San Francisco	
Agent Showcase Date/Time: Saturday, October 24th from 3:00-5:30PM	
Agent Showcase Location: STAGEWERX 533 Sutter St. San Francisco, CA 94102	
Name of Actor/Model:	
Date of Birth:	
Name of Actor/Model:	
Date of Birth:	
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): \$195.00 Write amount in words	
Amount Authorized To Be Charged (USD): \$136.50 Sibling Discount (30% Savings) 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.	