

ON CAMERA ACTING FILM & TV ACADEMY

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

Fax to 800-469-0125

Credit Card Authorization Form

Contact Information:	
Name:	
Credit Card Billing Address:	
City/State/Zip code:	
Phone Number: Primary:	Secondary:
Film & TV Academy Information:	
TV COMMERCIAL ACTING BOOT CAMP – TV DIRECTOR/CASTING DIRECTOR	
Date/Time: Saturdays, September 19th, September 26th, October 3rd & October 10th from 3:30-5:30PM	
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	
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.	

The information contained in this form is strictly confidential and is intended only for use only by On Camera Acting, Inc. and the card holder. Any use, dissemination, distribution or copying of the information on this form by others is strictly prohibited and will subject the misappropriator to civil and criminal liability.