

# SPECTRA PRODUCTIONS CREDIT CARD AUTHORIZATION FORM

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Name On Card**

\_\_\_\_\_  
**Billing Address**

\_\_\_\_\_  
**Billing City/State/Zip**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Credit Card Number**

**Expiration Date:**

\_\_\_\_\_

**Security Code:**

\_\_\_\_\_

**Date of Authorization:**

\_\_\_\_\_

**Amount to be charged:**

\_\_\_\_\_



**SPECTRA  
PRODUCTIONS**

P.O. Box 333 Eagle ID 83616  
(208) 939-6426 FAX: (208) 939-6437

Check here if balances should be  
charged automatically as they are due