



CREDIT AUTHORIZATION FORM

DATE: _____

JOB NAME: _____

COMPANY NAME: _____

CONTACT PERSON: _____

CONTACT E-MAIL: _____

VISUAL ALCHEMY INVOICE # _____ AMOUNT \$ _____

VISA MASTER CARD AMERICAN EXPRESS

CARD # _____ CVV _____ EXP _____

CARDHOLDER NAME: _____

CARD BILLING ADDRESS: _____

I the undersigned authorize Visual Alchemy, LLC to charge the above Credit Card for services provided and/or rented articles

SIGNATURE OF CARDHOLDER: _____

PRINT NAME: _____

DATE: _____



CREDIT DEPARTMENT

Exact Legal Name of Business: _____ Date: _____

D/B/A: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Federal ID#: _____ SSN: (if sole proprietor) _____

Accounts Payable Contact: _____

Phone #: _____

COMPANY PROFILE

Check one: Corporation _____ Proprietorship _____ Partnership _____ LLC _____ Other _____

BANK INFORMATION

Name: _____ Branch: _____

Address: _____

Account #: _____ Contact: _____

CREDIT REFERENCES

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Note: Please send your ST-121, Exempt Use Certificate
(If applicable)