
Credit Card Authorization Form

Please Mail or Scan/Email and Return

Invoice #
(Please Print or Type)

First Name	Middle Initial	Last Name
Company Name		
Address		
City	State	Zip
Phone No. () -	Facsimile No. () -	Email (for receipt)

Please charge my: Visa Master Card American Express Discover

Credit Card No.		
Name As On Credit Card.		
Full Billing Address		
Expiration Date	CSV:(3 dig code on Back)	Amount Authorized \$
I understand that this transaction is non-reversible. I authorize and acknowledge that the retainer will be processed to my credit card. We accept Checks, Visa, MasterCard, Amex or Discover. A 3% bank processing fee will be added to Amex and Discover payments. The deposit is non-refundable. _____ Initial		
Authorized Signature		Today's Date

I grant permission for Orion Star Events Inc. dba OSPhotoboosths to charge the remaining balance 10 days prior to event.

Orion Star Events Inc.
PO BOX 80861
Las Vegas, NV 89180
Phone and Email
Phone: 702-526-8028

Email: billing@osphotoboosths.com