



Professional Digital Imaging

10645 Vanowen St, Burbank, CA 91505
Tel. (818) 763-8963 Fax. (818) 763-8905

Account Application Credit Card on File Authorization

Company Name _____

Contact _____

Address _____

City: _____ State: _____ Zip: _____

Phone _____ Alternate Phone _____

Fax _____ Email _____

Website [www.](#) _____

Credit card Authorization

Credit card type: (PLEASE CIRCLE) M/C VISA Am Ex Discover

Card Number: _____ Expiration: _____

Card holder name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

CVV Code: _____

(CVV Code - 3 digits on the back of your card, except AMEX – 4 digits on the front of card)

For all open accounts, a current credit card on file will be required.

All open account balances are due within 30 days from the date of invoice. You may choose to pay by check, cash or credit card for all open account balances within the provided terms. All delinquent balances will be charged on the credit card provided.

I hereby authorize Protek Color Lab, Inc. to charge the above credit card for products and services rendered. The undersigned also agrees to unconditionally guarantee payment of all sums owed pursuant to the issuing credit card agreement and further agrees to its terms regarding venue.

Signature: _____ Date: _____

Please print out, sign and Fax Completed Form To (818) 763-8905