

# Protek Color Lab, Inc.

10645 Vanowen Street

Burbank, CA 91505

(818) 763-8963 Fax (818) 763-8905

## CREDIT CARD AUTHORIZATION

Cardholder Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit Card Type: *(Please Circle)*    Visa    MasterCard    Am/Ex    Discover

Credit Card Number: \_\_\_\_\_

Expiration: *(Month/Year)* \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

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.

Please retain on file for all future balances owed on account and charge on the \_\_\_\_ day of each month.

Please use only for this transaction:  
Order Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_