



DVD-IT CREDIT CARD AUTHORIZATION FORM

Card Number: _____

Expiration date: _____

3 digit security code: _____

Billing address: _____

Full name as it appears on the card: _____

Please sign below:

I, _____ (print name) , authorize Dub-It to charge my credit card for the deposit of 50% of my quote total upon order-start.

I, _____ (print name), authorize Dub-It to charge my credit card for the balance due in-full upon completion, prior to shipping.

Signature: _____

Date: _____