

# ADC DIGITAL

1011 N. Fuller Avenue, Suite M West Hollywood, CA 90046  
T (323) 5122046 F (323) 5122035

**Attn: Fax  
No.:**

Date \_\_\_\_\_ Credit Card Billing Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ M/C \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card No. : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CID No. \_\_\_\_\_ **For Visa and Mastercard Cards** (The CID No. is the 3-digit value printed on the signature panel on the back of the card, immediately following the credit card account number). **For American Express Cards** -(The CID No. is the 4-digit, non-embossed number printed above your account number on the face of the card).

I authorize ADC Digital to charge my credit card identified above for any payment for which I may become liable hereunder. I agree that ADC Digital has not by this provision waived any other rights, remedies, or recourse which they may have under the laws of the State of California in collecting amounts hereunder.

Authorized Cardholder's Signature \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Thank You. Accounts Receivable