



ReKon Productions
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CREDIT CARD AUTHORIZATION

Company: _____

Job / Show Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Card: Master Card Visa AMEX Other: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Please Check the appropriate box(es):

- Authorized Deposit Amount: _____
- Authorized Amount to be Charged*: _____
- Keep This Card on File for Future Charges

I, _____, hereby authorize ReKon Productions to charge my credit card.

Signature: _____

Print Name: _____

Date: _____

Please submit with a copy of the front and back of the credit card along with a matching ID.

*** Be advised, we charge a 4% fee for all credit card transactions.**