

# Mr. Toad's

## Credit Card Authorization

Client Name: \_\_\_\_\_

Artist Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Good Hours to Reach You: \_\_\_\_\_

### Credit Card Information:

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Card Type: \_\_\_\_\_

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

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

3 Digit Security Code from Back: \_\_\_\_\_

Please charge the above listed credit card for the goods and services provided to me by Mr. Toad's. I understand that the card will be charged for one-half the estimated total upon receipt of the order and the balance will be charged at the time an invoice is created for actual services performed. In the case a job is unable to be completed or is put on hold and the balance due is less than the original deposit, a credit will be issued to this card. Mr. Toad's performs all services at an hourly rate of \$100 per hour.

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

Include this form in the package with your materials or fax it to us at 415-777-3660. For additional security, if you'd like, fill out everything but the card number and we will call you for that information once the form arrives.

**Shipping Information:** return all elements, masters, and proofs to:

Same as Billing Information

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Copies:**

Please send additional proof copies to the following address(es):

Address 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_