



ON-SCREEN ADVERTISING
Credit Card Payment

Company Name _____

Contract Name _____

Phone Number _____

Email Address _____

Credit Card Number _____

Expiration Date _____ CVV _____

Credit Card Type Visa Master Card Discover Other

Card Holders Name _____

Billing Address _____

City _____ State _____ Zip code _____

I (we) hereby authorize _____ Mitchell
Theatres to initiate debit entries using my (our) card information.

Signed _____

Dated _____