



Credit Card Billing Authorization Form

Credit Card Billing Information	
Company name / DBA:	DLS Events LLC
Authorized Signer:	Victoria McGill
Credit Card Type:	Visa [] MasterCard [] Amex <input checked="" type="checkbox"/> Discover/Novus [] Other, please specify:
Credit card number:	3715 599728 71434
Enter CVC Number	Last 3 digits from back of card: 2445
Expiration Date:	06/24
Billing Address:	3780 Wilshire Blvd #800
City:	Los Angeles
State/Province:	CA
Zip/Postal Code:	90010
Country:	US
Phone Number:	(909) 753 - 4903
Fax Number:	_____
Please select one of the payment options	
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at the discretion of Acrobat Outsourcing, a wholly-owned subsidiary of The Service Companies, Inc., if any changes are declined or charge backs are claimed against any outstanding invoiced balance. Disputes to amounts invoiced should immediately be reported to AR@acrobotoutsourcing.com	
Changes in the status of this card can also be reported to AR@acrobotoutsourcing.com .	

Authorized Signature:

Date: 08/13/2019