

YALE FILM & VIDEO

25601 Avenue Stanford, Valencia, CA 91355

Tel: (661) 295-7170

www.yalefilmmandvideo.com / email: info@yalefilmmandvideo.com

CREDIT CARD / MAIL ORDER FORM

Shipping Information:

Date: _____

Name: _____

Address: _____

Email: _____

Phone: _____

FAX: _____

Project Title: _____

Instructions (If any): _____

Return Shipping (Please check one)

FedEx

Next Day AM

Next Day PM

2 Day

UPS

Next Day

2 Day

Ground

USPS

1st Class Mail

Priority Mail

Express Mail

Pick up at Yale

Other: _____

Credit Card Information

I, _____, authorize Yale Film & Video, to debit my credit card for services, purchases and / or shipping / handling charges.

Type of card (Sorry, no Amex): VISA MASTER

CARD DISCOVERCARD

CVV # _____ 3 digits in back of Credit Card.

Credit card number: _____

Expiration date: _____

Cardholders name: _____

Cardholder's signature: **X** _____

Billing Address: _____

*****REQUIRED*****

(If different than above) _____

Phone number: _____