



**CREDIT CARD AUTHORIZATION FORM**  
(Please type, if possible)

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

I authorize D&L Entertainment Services, Inc. to charge my:  
(check one)

VISA       MASTERCARD       AMEX       DISCOVER

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CSV#: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ in payment for the following:

\_\_\_\_\_

\_\_\_\_\_

Print name as it appears on the credit card

\_\_\_\_\_

Credit card billing (Address, City, State, Zip Code)

\_\_\_\_\_

Contact phone number (in case of questions)

\_\_\_\_\_

Email address (for receipt)

\_\_\_\_\_

Authorized signature

Please print form and fax or scan/email to:  
D&L Entertainment Services, Inc.  
Attn: Accounts Receivable  
4120 Main Street, Dallas, TX 75226  
214-634-0757 phone | 214-634-8525 fax  
ar@dlesi.com