

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card No: _____ Exp. Date: _____

I understand and agree to have my credit card charged for services/products contracted with Animal Actors/Sweet Sunshine. I promise to pay subject to and in accordance with the agreement governing the use of such card. I certify that all the above information is accurate and true and I am over the age of 18.

Credit Card Holder (Sign Name): _____

Date: _____