



# ROGEN STUDIO

ASI #82705, PPAI #259987, SAGE#68075  
1528 Highland Ave. Duarte, CA 91010  
T: 888-99-ROGEN x 1 F: 626-263-5015

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## Credit Card Authorization Approval

Name: \_\_\_\_\_

Quote Ref. Number: \_\_\_\_\_

Company: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Bill To Address:

Ship To Address: Residence Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (card holder name) approve for ROGEN STUDIO,

to process my credit card (please circle one) **VISA** **MC** **DISCOVER**

Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

3 or 4 Digits Verification Code: \_\_\_\_\_ for the amount of \$\_\_\_\_\_ plus shipping for

the purchase of Quote / P.O. No. \_\_\_\_\_ of \_\_\_\_ / \_\_\_\_ / 20\_\_ from ROGEN STUDIO

I fully understand that all custom orders purchased with a credit card are non refundable.

\_\_\_\_\_  
Card Holder Signature:

\_\_\_\_\_  
Card Holder Billing Address:

\_\_\_\_\_  
Card Holder Print Name:

\_\_\_\_\_  
City, State & Zip:

Please fax this order form to **(626) 263-5015**. Thank you for placing your order with us :  
ROGEN STUDIO.