



Fox Studios Operations
Credit Card Payment Voucher

Purchaser Name: _____

Purchaser Company / Dept: _____

Date of Purchase: _____ Telephone # _____

Type of Payment: _____ MC / Visa _____ Amex

Name on Card: _____

Card # _____

CVV # _____

Exp Date: _____ Zip Code _____

Cardholders Signature: _____

Billing Address & Zip Code: _____

Purchase Amount \$: _____

Write the Amount: _____ Dollars

Purchase Description: _____

Acct & Dept to be Credited _____

Form Submitted by:

Date Submitted: _____ Dept #: _____

Name: _____ Ext: _____

Please send form to costumes@fox.com