



VIDEO REQUEST FORM

Please Return only by Mail or FAX to 415-954-7289.

Please return along with **CREDIT CARD PAYMENT AUTHORIZATION FORM**

Mail to: **KGO-TV Video Duplicating, 900 Front Street, San Francisco, CA 94111**

(All requests are processed within 2 weeks of payment and are mailed via USPS.)

Name: _____

Email: _____

Phone #: _____

Story Name: _____

Story Air date/time: _____

Mailing Address: _____

of copies requested _____

Requested segment(s) may be used for internal review, analysis or research only. Any editing, reproduction, publication, rebroadcast, public showing, Internet or public display is forbidden and may violate copyright law.

.....



CREDIT CARD PAYMENT AUTHORIZATION FORM

CREDIT CARD PAYMENT PROCEDURE:

STEP 1: FILL OUT THIS FORM ENTIRELY AND SUBMIT BY FAX # 415-954-7289

**STEP 2: WE WILL CALL YOU TO OBTAIN CREDIT CARD NUMBER TO
PROCESS TRANSACTION.**

CONTACT NAME:_____ **CONTACT PHONE#**_____

Description of Purchase: _____

Amount \$_____

.....
I, _____ authorize KGO-TV

to charge \$_____ to my charge card.

Cardholder Signature: _____ Date: _____

.....
Charge Card Billing Name: _____

Charge Card Billing Address: _____

Cardholder Phone #: _____

DO NOT PUT CREDIT CARD NUMBER ON THIS FORM!

.....
Revision 10-15