



CAMERA**PARTNERS**

Credit Card Authorization Form

Company / Individual Name: _____

Project Name: _____

Camera Partners Estimate or Invoice #: _____ Date: _____

Amount to be charged: \$ _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Visa ___ MasterCard ___ American Express ___ Discover _____

If other, please write bank name: _____

Card Number: _____

Expiration Date (MM/YY): _____ Security Code: _____

I hereby authorize Camera Partners to charge my credit card in the amount listed above.

Authorized Signature: _____