

Credit Card Authorization

Company Name: _____

Contact Name: _____

Phone Number: _____

Name as it appears on Credit Card: (please print)

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: _____

Expiration Date of Card ____/____ Security Code _____

Billing address of credit card:

All customers without established credit terms (COD status) are required to provide a deposit equal to the insurance deductible amount. This deposit will be run as an "Authorization Hold" on this credit card. In the event of loss or damage, the "Authorization Hold" will be converted to a sale for the amount of the damages not to exceed the deposit amount. If there is no loss or damage, the "Authorization Hold" will be removed from your account by your bank.

By signing below, you as the credit card holder have authorized Stratton Camera Inc. to charge your credit card for all invoices and insurance deductibles.

_____ Date: ____/____/____

Cardholder Signature

Please provide legible copies of the credit card and the cardholder's driver's license.