

CREDIT CARD AUTHORIZATION

For your convenience and protection on orders you place with us, please fill in the form below. This will provide Identiphoto Company, Ltd. with the authorization to process the credit card listed below on current and future orders. You may change or terminate this agreement at any time by notifying us in writing.

Do you want this made available for on-line shopping?

PLEASE PRINT ALL INFORMATION

Date of Authorization: _____

Type of Card (Visa or MasterCard): _____

Credit Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Please provide the last three (3) digits of the printed numbers in the signature box on the back of the card. _____

WE USE ADDRESS VERIFICATION. PLEASE PROVIDE THE FOLLOWING:

Cardholder's Exact Name and Billing Address For Card

Card Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If this is a company card, please provide company name: _____

Please list authorized users: _____

Business Name and Address

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please return this form as soon as possible by fax to 440-306-9001.

THANK YOU FOR YOUR ORDER!