

Credit Card Authorization

Company Name: _____

Customer Name: _____

Name of Credit Card Holder: (please print)

Credit Card: _____ Visa _____ Mastercard _____ AmEx

Credit Card Number: _____

Expiration Date of Card: _____ / _____ / _____

Address where Credit Card Bills are Sent:

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.**