

CREDIT CARD AUTHORIZATION

for purchase of Goods & Services from North American Camera, LLC

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	DISCOVER	OTHER	
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					
ACCOUNT NUMBER					
EXPIRATION DATE					
3-DIGIT CVC					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	
AUTHORIZED USER OF CREDIT CARD					
NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
IDENTIFICATION					
RELATION TO OWNER					
TYPE OF CHARGES					
AUTHORIZED AMOUNT					
DATES OF CHARGES					
AUTHORIZATION OF CARD USE					

CREDIT CARD AUTHORIZATION

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME			
SIGNATURE		DATE	