

CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Photocopy the **front** and **back** of the signed credit card.
4. Fax this form, along with the photocopy of the signed credit card, back to our secure fax machine at **(416) 981-3182** to complete your order.

I, _____, hereby authorize Precision Camera Incorporated to charge my credit card account in the amount of \$_____ (including shipping and/or taxes, if applicable).

Type of Card: VISA MASTERCARD AMEX

Credit Card Number _____

Expiration Date _____

CVC Code (last three digits on the number on the back of the card) _____

Credit Card Billing Address	Requested Shipping Address
Street: _____ _____	Street: _____ _____
City: _____	City: _____
Province: _____ Postal Code: _____	Province: _____ Postal Code: _____
Telephone: _____	Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.
All information entered on this form will be kept strictly confidential.

Complete and fax all documents required to: (416) 981-3182