



CREDIT CARD AUTHORIZATION FORM

ACCOUNT CODE: _____

Credit Card # _____	Exp.Date _____
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	CVV2 # on back of card _____
<input type="checkbox"/> American Express <input type="checkbox"/> Discover	Security Code # on front of card _____

Card Holder: _____

Billing Address of Card Holder: _____

City, State, Zip: _____

Telephone #: _____

Email Address: _____

I/We hereby authorize FotoKem Industries to charge the credit card above, and agree to conditions listed below.

- Credit card will be used for all titles unless otherwise specified below.
- Credit card accounts inactive 1 yr, and expired credit cards will be charged to COD accounts.
- Please include front and back of credit card on a separate page.

Signature, Card Holder

Date

Special Instructions:

Return via fax (818) 841-2130