

Credit Card Authorization Form (Single Use)

Credit Card Information			
Card Type: ☐ MasterCard	□VISA	□ Discover	□ AMEX
Cardholder Name (as shown	on card):		
Card Number:			
Expiration Date (mm/yy):		CVV:	
Credit Card Billing Address: _			
Amount:			
I,, au above for agreed upon equip	ithorize Standa	ard Camera LLC to cl	narge my credit card
Customer Signature		Date	