



3399 NW 72<sup>nd</sup> Ave. Suite 123 Miami, FL 33122  
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 www.provisualusa.com

**CREDIT CARD AUTHORIZATION FORM**

Date: \_\_/\_\_/\_\_\_\_

VISA                       MASTER CARD                       AMEX                      CVV CODE: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Issuing Bank: \_\_\_\_\_

Bank Telephone #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Card Holder's Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

I \_\_\_\_\_ HEREBY AUTHORIZE **Pro Visual, Inc.** TO CHARGE MY CREDIT CARD FOR THE PURCHASE OF ANY PRODUCTS OR SERVICES AND ANY FUTURE UNPAID BALANCES THAT CORRESPOND TO A SALES ORDER SUBMITTED TO **Pro Visual, Inc.** PLACED BY MY SELF, MY COMPANY, ITS PRINCIPALS, AND/OR ITS REPRESENTATIVES. THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF ANY KNOWLEDGE AND IS CONSIDERED CONFIDENTIAL.

I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE CORRESPONDING CREDIT CARD AGREEMENT AND THE SALES POLICIES OF **Pro Visual, Inc.**

When charging the above listed card *Provisual, Inc.* should:

Ship all orders to this credit card's billing address.                      **[YES] / [NO]**

Ship all our order(s) to the following address <sup>1</sup>:

<sup>1</sup>Please note: **Pro Visual, Inc. reserves the right to deny shipping order(s) to any address if we are unable to verify it.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**\*INTERNATIONAL CREDIT CARD:**

Attach color photocopies of the credit card (front/back) and a form of picture identification and send it via email at: [info@provisualusa.com](mailto:info@provisualusa.com)

**\*DOMESTIC CREDIT CARD:**

Send from **ONLY** if the shipping address is different than billing address.