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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 ¹:

¹**Please note: Provisual, 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@securitycameradistributor.com

***DOMESTIC CREDIT CARD:**

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