



THE CAMERA DIVISION

7351 Fulton Ave.
North Hollywood, CA 91605
818-997-3802
TheCameraDivision.com

Credit Card Authorization Form

Company Name: _____

Project Name: _____ Order #: _____

I authorize The Camera Division, LLC to charge my credit card in the amount listed: \$
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Name (As it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Visa ___ MasterCard ___ American Express ___ Discover ___ Card

Number: _____

Expiration Date (MM/YY): _____

Authorized Signature: _____

Please email receipt to: _____

USE THIS CARD FOR ONE ORDER ONLY

KEEP THIS CARD ON FILE FOR FUTURE ORDERS

Please fill this form out completely and attach a legible copy of the credit card (front and back) and your identification (Driver's License or Passport).