



Credit Card Authorization Form

Company Name: _____

Card Holder Name: _____

PO/Order # (if applicable): _____

Credit Card Type: Visa Mastercard Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____ CVS Code: ____ (3 Digit Security Code)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I/ Company name, _____ hereby authorize SF Video, Inc. to charge provided credit card for in the amount of \$_____.

In addition, SF Video, Inc. is authorized to charge this account for +/- 10% overruns and any additional freight expenses at the culmination of the manufacturing and shipping process. Furthermore, the applicant agrees to keep this information on file for any future orders.

Signature: _____

Person Authorizing: _____

Date: ____/____/____