



## Credit Card Authorization

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name as it appears on Credit Card: (please print)

\_\_\_\_\_

VISA ☐    MASTERCARD ☐    AMERICAN EXPRESS ☐    DISCOVER ☐

Credit Card Number: \_\_\_\_\_

Expiration Date of Card    \_\_\_\_/\_\_\_\_    Security Code \_\_\_\_\_

Billing address of credit card:

\_\_\_\_\_

\_\_\_\_\_

***All customers without established credit terms (COD status) are required to provide a deposit equal to the insurance deductible amount. This deposit will be run as an "Authorization Hold" on this credit card. In the event of loss or damage, the "Authorization Hold" will be converted to a sale for the amount of the damages not to exceed the deposit amount. If there is no loss or damage, the "Authorization Hold" will be removed from your account by your bank.***

Stratton Camera reserves the right to add a convenience fee to any invoice paid by credit card. By signing below, you as the credit card holder have authorized Stratton Camera Inc. to charge your credit card for all invoices and insurance deductibles.

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Cardholder Signature

**Please provide legible copies of the credit card and the  
cardholder's driver's license.**