

Vision Imaging Supplies, Inc.

10200 Mason Ave. Suite #321, Chatsworth, CA 91311, USA

818.710.7200

e-mail: sales@vis-llc.com Fax: 818.710.7999

CREDIT CARD AUTHORIZATION FORM

Transaction Date: _____ Total Amount: _____

Order/Invoice #: _____ PO #: _____

Credit Card #: _____

Expiration Date: _____ Name on Card: _____

Billing Address:

Shipping Address: *Must be the same as billing address for orders over \$50*

Contact Phone Number:

I, _____, authorize Vision Imaging to charge to my above credit card account the amount shown on this form. If shipping address different than billing address, I authorize Vision Imaging to ship the product to the shipping address. I agree to pay the above total amount according to the credit card issuer agreement. Vision Imaging will not be responsible for any charge back.

Card holder signature and date: _____

PLEASE FAX BACK TO VISION IMAGING AT 818-710-7999. PER CREDIT CARD ISSURE REQUIREMENT, VISION IMAGING MUST HAVE THIS FORM ON FILE BEFORE AN ORDER CAN BE CHARGED, RELEASED, AND SHIPPED

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