



## CREDIT CARD AUTHORIZATION FORM

Acct# \_\_\_\_\_ Account Name \_\_\_\_\_

**Credit Card Accounts:** If approved for credit card account only, my signature below authorizes Royal Imaging International to charge card at time of each order.

**Term Accounts:** I authorize Royal Imaging International to charge my credit card upon phone/email/fax authorization only, as a payment towards my balance.

This authorization will be kept on file for future use.

**One time charge only:** I authorize Royal to charge \$ \_\_\_\_\_ for PO / Order / Invoice # \_\_\_\_\_.

Please sign, provide card information and return fax to 818-407-0389. If you have any questions, please call Accounts Receivable x118. Thank you.

Credit Card Type:

VISA       MASTERCARD       DISCOVER       AMEX

Name as appears on cc: \_\_\_\_\_

Card No. \_\_\_\_\_ Validation Code \_\_\_\_\_

(Please provide separate authorization letter for each card.)

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_