

# Vision Imaging Supplies, Inc.

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## **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 818-885-4504. PER CREDIT CARD ISSURE REQUIREMENT, VISION IMAGING MUST HAVE THIS FORM ON FILE BEFORE AN ORDER CAN BE CHARGED, RELEASED, AND SHIPPED