Southpoint
PHOTO IMAGING SUPPLIES

Credit Card Authorization

Credit Card Type: (Please Check One) ◯ VISA ◯ MASTERCARD ◯ DISCOVER ◯ AMEX

CCID # (3 digits on back of card) _____

Issuing Bank:_____ Account Name: _____
(As it appears on the card)

Account Number:_____ Exp. Date: _____

Credit Card Billing Address:_____

Cardholder's Name:_____

Address:_____

Phone Number:_____ Cardholders Signature:_____

Business Name: _____

Business Address:_____

Business Phone:_____ Business Fax:_____

Card Type: _____Personal _____Business

Please include a photocopy of the front and back of the above referenced credit card.

Drop shipments will be restricted to the above listed addresses only. Any additional drop ship addresses for this account should be listed on a separate sheet that is both signed and dated.

I/We hereby authorized Southpoint Photo Supply, Inc. to accept telephone or faxed orders from the above named business and to charge the cost of these orders to my/our credit card. I/We understand that all merchandise will be shipped only to the above stated addresses. I/We further agree to the terms, conditions, and return policies outlined in Southpoint Photo Supply's catalog and will under no circumstances request a charge back to the above stated credit card without receiving prior authorization from Southpoint Photo Supply, Inc.. I/We accept full responsibility for full and proper payment to Southpoint Photo Supply, Inc. on all transactions regarding this account.

_____ _____ _____
Authorized Name Authorized Signature Date

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