



Credit Card Authorization Form

I, _____, hereby authorize CCTVPROSTORE to charge my credit card account in the amount not to exceed: \$_____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Name Exactly As It Appears On Card: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City _____ State: _____

Zip Code: _____ - ____ Country: (if not US) _____

Telephone: () ____ - _____

Requested Shipping Address:

Street: _____

City _____ State: _____

Zip Code: _____ - ____ Country: (if not US) _____

Telephone: () ____ - _____ Drop Ship Account: Yes____
No____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

____/____/____

Cardholder's Signature

Date

As the credit card holder, I also authorize CCTVPROSTORE to charge my credit card for future purchases verbally approved by me and/or an electronic or paper purchase order.

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. CCTVPROSTORE will keep all information entered on this form strictly confidential.