

VIDEOFAX

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Credit Card Authorization

please print all information

Type of Card: AMEX MC VISA

Card Number: _____

Security Code: _____

Exp. Date: _____

Customer Name: _____

Name on card: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number w/Area Code: _____

e-mail address: _____

Signature: _____

Date: _____