

About Face Photo Booths LLC

Credit Card Payment Authorization Form

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Invoice(s) #: _____

Client Name: _____

Credit Cardholder (Please print): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Credit Card (**Please circle one**):

Visa MasterCard Discover AmericanExpress

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the card): _____

Amount to charge: \$ _____ (USD)

I authorize About Face Photo Booths, LLC to charge the agreed amount listed above to my credit card provided herein.

Card Holder Signature: _____ Date _____

