

CREDIT CARD AUTHORIZATION FORM

InstantImage!

Client:	_____	Inv. #:	_____
Event:	_____	Event Date:	_____
Event Location:	_____		_____
	_____		_____
Phone:	_____	Contact:	_____
E-mail:	_____		_____

Client Address: _____

Today's Date: _____

Card	AmEx Visa MasterCard Discover
Card #	_____
CV#	_____
Billing Zip Code	_____
Exp. Date	_____
Signature:	_____

Amount Charged: _____

Balance Due: _____

By Date: _____

Total Contract: _____

Paid in Full Date: _____

Please fill out this form and Mail or Fax back.

Mail: InstantImage
3 Devens Way
Ladera Ranch, CA 92694

Fax: 720-367-5584