



FLEXVISUAL

# Credit Card Authorization Form

Credit Card Billing Information		* Required Fields
*Company Name		
*Person Authorizing Name as it appears on Credit Card		
*Issuing Bank		
*Credit Card Type	<input type="checkbox"/> American Express	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
*Corporate Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Credit Card Number		
*Expiration Date		
*CVC Number	Last 3 digits from the back of card or 4 digits from face of card.	
*Billing Address		
City		
State/Province		
*Zip/Postal Code		
Country		
Phone Number		
Fax Number		
E-Mail Address		

Please provide photo copy of the front and back of the credit card and your driver's license onto an attached sheet.

I hereby authorize Flexvisual, Inc. charge the credit card above for payment. I take full responsibility for payment and agree that all information provided is accurate and complete.

**Please fill out and fax back to 661-670-5978 or email to [accounting@flexvisual.com](mailto:accounting@flexvisual.com)**

Authorized by (print name):			
Authorized Signature:		Date:	

**Please note:** Until authorization is rescinded, this credit card will be used to ship all orders/products for the above-mentioned account.

*For Internal Use Only:*

16249 Stagg Street, Van Nuys, CA 91406  
T:661-670-5977 F:661-670-5978

Customer Code: \_\_\_\_\_