



6680 Jones Mill Ct. Suite G
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Dear Customer,

In an effort to ensure the security of your credit card information and process all credit card transaction we need to have the following information:

- Exact Billing Name
- Full billing address and phone number as it appears on your credit card statement

Please fill out this form and return it to us as soon as possible. We appreciate your business and thank you for your prompt response.

Type of Credit Card:

Visa MasterCard American Express Discover

Credit Card No. _____

Expiration Date. _____

CVC No. _____

Is this a debit card? Yes _____

Name on card: _____

Company Name (if applicable): _____

Billing Address: _____

City _____ State _____ Zip code: _____

Billing Phone Number: _____

**Signature _____

*** By signing this form, I hereby authorize the above said credit/debit card to be used for SERVICES and CREDITS with AZURA Photo Albums, LLC. It also implies that I agree to the terms of this authorization form. ALL PRODUCTS/SERVICES billable will be processed immediately upon the completion of your order(s). I also understand that AZURA will NOT notify and or call prior to processing the above credit card for payment. I also agree to notify AZURA in writing if any credit card or payment changes.*