



THE CAMERA DEPT.

Automatic Credit Card Billing Authorization Form

Please complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Credit Card Information

The Camera Dept. accepts the following credit cards:
Visa, MasterCard, American Express.

Credit Card Type: _____

Credit Card Number: _____ Exp. Date: _____

Security Code: _____

Cardholder's Name: _____

Billing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

By Signing below, you authorize The Camera Dept. to charge your credit card for all invoices, insurance deductibles, and any past due accounts in excess of 45 days from due date.

_____ Date: _____

Cardholder Signature

8469 Blue Ash Rd. Suite 100 Cincinnati, OH 45236
www.thecameradept.com
ph. (513) 723-1742