



## credit card authorization

**I/We authorize Pictura to bill the following credit card for purchases:**

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code From Back of Card \_\_\_\_\_

Please indicate:  One Time Use  Keep on File for all Purchases

**Cardholder's Exact Name and Billing Address (Please Print):**

Card Holder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Business Name and Address:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_