



KAMERA TOOLS

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CREDIT CARD AUTHORIZATION

TO: _____ **FROM:** _____

COMPANY: _____ **DATE:** _____

FAX NUMBER: _____ **TOTAL NO. OF PAGES INCLUDING COVER:** _____

PHONE NUMBER: _____ **SENDER'S EMAIL ADDRESS:** _____

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 ORDER PENDING

PLEASE COMPLET THE INFORMATION BELOW AND RETURN BY EMAIL: INFO@KAMERATOOLS.COM

Today's Date: _____

I herby authorize Kamera Tools, Inc. to charge my:

- American Express
 Visa
 MasterCard

Print name as it appears on the Card: _____

Account #: _____ CVV Code: _____ Exp. Date: _____ Card Issuing Bank: _____

Bank Toll Free #: _____

In the amount of \$ (US) _____ As payment for charges on W/O #: _____

Billing Address: _____

Phone Number: _____ Email Address: _____

There may be additional charges for shipping and handling added to this amount when your order is shipped.

Signature: _____ Date: _____

Print Name: _____ Title: _____

IMPORTANT: Please email a PDF of this form to us with a copy of your credit card (front & back) and a copy of your driver's license. All copies must be clearly legible.