



*Art | Photography | Film*

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION

All information will remain confidential.

Cardholder Name: .....

Billing Address: .....

City: ..... State: ..... Zip: .....

Credit Card Type:  Visa  Mastercard  Discover  AmEx

Credit Card Number: .....

Expiration Date: ..... Card Identification Number: .....

Amount to Charge: ..... (USD)

I authorize D&D Pro Imaging to charge the agreed amount listed above to my credit card provided herein.

I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Sign: ..... Dated: .....

Print Name: .....

Once signed and filled out please scan and attach or fax to: [ddproimaging@gmail.com](mailto:ddproimaging@gmail.com)

Thank You!

D&D PRO IMAGING

343 MEDFORD ST. #4C SOMERVILLE MA 02145



1-800-718-7591



[DDPROIMAGING@GMAIL.COM](mailto:DDPROIMAGING@GMAIL.COM)



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