

CREDIT CARD AUTHORIZATION FORM

If you would like to pay your bill by credit card, simply complete the Credit Card information below and sign the form. Upon approval, we will bill your credit card for the amount indicated.

YOUR COMPANY NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

(Or 4 digits on the front, for AMEX) _____



Amount Charged: \$ _____ (USD)

Email your completed authorization to:
Rebel Camera LLC
Attn: Pedro Delguy

Email: pedro@rebelcamera.us

*Please include a copy of your driver's license and the front/back of credit card

A 3.5% service charge will be applied to orders of \$500 and above