



## Charge Authorization Form Northern Lens Photography

Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Card Number: \_\_\_\_\_

CSV (3-digit near signature panel on rear of card): \_\_\_\_\_

Please Check:      Visa\_\_\_\_    MasterCard \_\_\_\_    Amex \_\_\_\_

Billing Zip Code: \_\_\_\_\_

Northern Lens Photography has my authorization to charge this card for current services and amounts due.

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

I would like Northern Lens Photography to keep this payment information on-file for future use. I acknowledge that all future orders may be charged to this card at time of order.

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

Please submit completed and signed form electronically to: [northernlensphoto@gmail.com](mailto:northernlensphoto@gmail.com) or send via postal service to PO BOX 241642, Anchorage AK 99524