Credit Card Authorization Form - The Camera Shop

For your security, do not send your credit card information by e-mail.
FAX this form to 320-251-2995, or mail this form to:
The Camera Shop, P.O. Box 927, St. Cloud, MN 56302.

I authorize The Camera Shop of St. Cloud, Inc., to charge my credit card for products purchased and services rendered. I understand that the charge(s) reflected on my Credit Card Statement will be in the name The Camera Shop. My authorized signature on this form will be valid for any and all ongoing charges that I may choose to order through the Labtricity private network, or orders placed by any means with The Camera Shop of St. Cloud, Inc. I authorize The Camera Shop to combine several orders onto one credit card charge. I agree to pay all credit card charges in accordance with the Card Issuer Agreement. If I do business in Minnesota, I agree to pay Minnesota Sales Tax on all purchases unless I have submitted a valid Certificate of Exemption to The Camera Shop. A facsimile (fax) copy of this completed form with my signature holds the same validity as an original.

My credit card authorization information is as follows:

Exact Name on Credit Card: _____

Card Type: CREDIT ___ DEBIT ___ MC ___ Visa ___ Discover ___ Amex ___

Expiration Date: _____

Card Number: _____

Billing Address: _____

City/State/Zip: _____

Studio or Business Name: _____

Daytime Phone: _____ Work ___ Home ___ Cell ___

Evening Phone: _____ Work ___ Home ___ Cell ___

Business E-mail: _____

Signature: _____ Date: _____

Camera Shop Use Only:

Labtricity Account # _____ Our POS Account # _____ Postal Zone _____

Labtricity PIN # _____ Minnesota Sales Tax: Yes ____ No ____

Minnesota Sales Tax ID #_____