



Desert Digital Imaging, Inc  
1505 N. Hayden Rd., Suite J2  
Scottsdale, AZ 85257

P 480.212.0381  
F 480.212.0382

# ► Credit Card Authorization Form

## INSTRUCTIONS

1. Complete form with credit card billing information	<b>SUBMIT TO:</b>  <b>480.212.0382 (Fax)</b> Desert Digital Imaging, Inc. ATTN: Credit Card Billing
2. Sign where indicated	
3. Submit this form back to Desert Digital Imaging, Inc. by fax	

Date \_\_\_\_\_ Invoice Ref. # \_\_\_\_\_ (Optional)

\* Cardholder Name: \_\_\_\_\_

\* Credit Card  Visa  MasterCard  American Express

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

\* Expiration Date: \_\_\_\_\_ \* CVV Number: \_\_\_\_\_ (3-4 Digit Security Code)

\* Billing Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State/Province: \_\_\_\_\_ \* Zip/Postal Code: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

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

**I authorize Desert Digital Imaging, Inc. to charge my credit card in the amount of:**

\$ \_\_\_\_\_ USD (U.S. Dollars)

\* Printed Name: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_ \* Required Fields

## Desert Digital Use Only

(do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES