



AUTHORIZATION TO CHARGE CREDIT CARD

This form authorizes Videology Imaging Solutions, Inc. to charge the designated credit card listed below for any purchases made by the company listed below unless otherwise agreed to in writing. Please complete, print, sign & fax.

Wire transfer or prepayment is required for purchases in excess of \$2500. Videology only accepts credit cards with a verified US billing address.

COMPANY NAME: _____

NAME OF ISSUING BANK: _____

NAME AS APPEARS ON CARD: _____

ACCOUNT TYPE (*check one*): Corporate PERSONAL

ACCOUNT NUMBER: _____

EXPIRATION: _____ **SECURITY CODE:** _____

CARD TYPE (*check one*): VISA MASTERCARD AMEX

AUTHORIZED SIGNER: _____

SIGNATURE: _____ **Date** _____
Required in order to process

ADDRESS: _____
Where credit card bill is sent

FAX SIGNED AND DATED FORM TO: **401-949-5276**

ATTN: CREDIT DEPARTMENT

PHONE: 401-949-5332