



Date: _____

Company Name: _____

Project Name: _____ TCH Order #: _____

I authorize The Camera House Inc. to charge my credit card in the amount listed:	\$
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Name (As it appears on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Visa____MasterCard____American Express____Discover____

Card Number: _____

Expiration Date (MM/YY): _____

Authorized Signature: _____

Please fill this form out completely and attach a legible copy of the credit card (front and back) and your identification (Driver's License or Passport).