



Company Name: _____

Date: _____

Contact: _____

Phone Number: _____

Street Address: _____

Email: _____

City, State: _____

Zip Code: _____

Re: Authorized Signature for Credit Card Payments

This letter is an authorization to charge for items purchased through Photo Finale for resale. The items purchased will be charged upon completion of the order.

VISA, Mastercard, and American Express only

☐

By checking this box, I authorize my credit card information to be kept on file for future payment processing.

Credit Card Number: _____ Exp. Date: _____

Card Holder Name: _____

Billing Address: _____

Billing Zip Code: _____

Signature for Billing Authoization: _____

Please fill out about information and email to accounting@artcrystaltd.com.
If you would rather call please contact accounting at 630-739-0222 ext. 105.

Art Crystal Ltd
7852 W. 47th St.
Lyons, IL 60534

P: (630) 739-0222
F: (708) 853-7988
custserve@artcrystaltd.com