

**AUTHORIZATION FORM FOR VISION EQUIPMENT & AUCTION CO., INC. TO PROCESS PAYMENT**

**CUSTOMER/COMPANY NAME:** \_\_\_\_\_

**PERSON RESPONSIBLE (NAME ON CARD):** \_\_\_\_\_

**CARD #:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**SHIPPING ADDRESS:** \_\_\_\_\_

**STORE #/ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**BUYER NUMBER:** \_\_\_\_\_ **DATE OF SALE:** \_\_\_\_\_

**IT IS MANDATORY TO ATTACH A COPY OF THE SIGNED CREDIT CARD FRONT AND BACK, ALONG WITH A COPY OF THE CARDHOLDERS DRIVERS LICENSE. PLEASE FAX TO 770-787-2169 OR EMAIL TO CHERYL@VISIONEQUIPMENT.COM**

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**FRONT OF CREDIT CARD**

\_\_\_\_\_

**COPY OF DRIVERS LICENSE**

\_\_\_\_\_

**BACK OF CREDIT CARD**

**X** \_\_\_\_\_

**SIGNATURE TO AUTHORIZE CREDIT CARD SALE**