

LIPPSPHOTO

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Credit Card Authotization Form

CLIENT NAME _____

SHOOT/ JOB _____

Billing Details

CARDHOLDER NAME _____

CARD NUMBER _____

EXPIRATION _____ / _____ **SECURITY CODE** _____

BILLING ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER _____ **EMAIL** _____

BY SIGNING BELOW, I HEREBY AUTHORIZE LIPPSPHOTO, LLC TO CHARGE THE CREDIT CARD LISTED ABOVE FOR ALL AUTHORIZATIONS, CHARGES, AND UNPAID INVOICES

SIGNATURE _____ **DATE** _____

PLEASE RETURN COMPLETED FORM TO BRIAN@LIPPSHOTO.COM WITH THE FOLLOWING ATTACHED:

COPY OF THE ABOVE LISTED CREDIT CARD FOR VERIFICATION FRONT AND BACK

COPY OF THE ABOVE LISTESD CARDHOLDER'S VALID PICTURE ID