

# Credit Card Authorization Form

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In lieu of my credit card imprint, I \_\_\_\_\_  
as the card holder authorize Lustr - the Card Company, a division of Image Factory Inc.  
to apply charges to my credit card for the payment of goods and or services supplied.  
I agree that I am the legal cardholder as stated below and further agree to pay the total  
amount as indicated by the invoice supplied.

## General Information

CARD TYPE: VISA  MASTERCARD  EXPIRATION DATE: / (MONTH / YEAR)

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
NAME AS IT APPEARS (PRINT)

\_\_\_\_\_  
CARDHOLDER'S BILLING ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SUITE/FLOOR

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP/POSTAL CODE

\_\_\_\_\_  
PROV./STATE.

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
MM / DD / YY

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_  
DATE

## Company Information

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
COMPANY PHONE

\_\_\_\_\_  
SUITE/FLOOR

\_\_\_\_\_  
FAX

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP/POSTAL CODE

\_\_\_\_\_  
PROV./STATE.

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
REFERENCE (PO#)

\_\_\_\_\_  
INVOICE NUMBER

\_\_\_\_\_  
AMOUNT AUTHORIZED

Fax the completed form to +1-604-233-1947. Be sure to complete all information and please note the Image Factory invoice number or send a copy of the invoice for reference. A company representative will contact you by email, fax or voice (based on information provided) to confirm receipt of payment. Please note, the credit charge transaction will be identified as Image Factory on your statement.

**FAX: +1-604-233-1947**