



Credit Card Payment Authorization Form

Tel: 212-944-1060 Fax: 212-944-7801

This form is for your protection as well as ours. We thank you in advance for helping us follow credit card company verification procedures.

Date: _____

I, _____, hereby authorize Feature Photo Service, Inc. to put through a charge to my credit card.

Card Type (Circle One): AMEX Visa MC Discover Credit Card Number:

_____ Expiration Date: _____

SID Number: _____ (located on the back of the credit card or 4 digit number on front of Amex)

Amount of Charge: \$ _____ Plus Shipping and Tax, if applicable.

Address Billing Statement is SENT TO: _____

I hereby authorize Feature Photo Service, Inc. to charge my account for services rendered.

For Invoice number(s): _____

Cardholder Signature: _____

Cardholder Telephone Number: _____

Cardholder Email Address: _____

IMPORTANT: To complete this transaction, please photocopy the front and back of both your Driver's License and Credit Card and along with this signed form please fax: 212.944.7801 or email: editor@featurephoto.com

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