

# Credit Card Authorization Form



**Minilabfactory USA / dba Knights Imaging, Inc.**

Please Complete and Fax to: **415-513-4493**

In lieu of my credit card imprint, I,

\_\_\_\_\_  
(Name of Cardholder exactly as Shown on Credit Card)

Hereby authorize **Minilab Factory USA/ dba Knights Imaging, Inc.** to charge my order to the following credit card.

VISA  MasterCard  American Express  Discover

Card number

Expiration date

CVV2 Security code

## THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street address

Address (cont.)

City, State, Zip Code

Country

Email Address for Receipt

Phone number

## CARDHOLDER AUTHORIZED BILLING AMOUNT:

Sub-total \$

Tax

Total Billed to Card \$

By signing below and submitting for payment, I acknowledge acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing credit card.

Signature as it appears on cardholder's credit card \_\_\_\_\_

Today's date

This form must be completed in full and all information must be true and correct in order for your payment to be processed.