



SP Images LLC
1000 Franklin Village Drive, Suite 304
Franklin Massachusetts 02038
Office (508) 530-3225 Fax (508) 530-3691

Credit Card Authorization

_____ Date

_____ of _____
Customer's Name Company Name

I hereby authorize SP Images LLC to charge my (please check one)



Visa



MasterCard



American Express



Discover

_____ CVX Number (3 digit code on back of card)

For merchandise delivered or shipped to me for the purpose of my business, to ship to another address at my request. This authorization expires only when SP Images LLC receives a signed dated letter from me requesting the use of this credit card be discontinued. A new form must be completed for each credit card used.

_____ Credit Card Number Expiration Date

_____ Cardholder's Name (as it appears on credit card)

_____ Billing Address

_____ City, State & Zip Code

_____ Cardholder's Signature

Please fax, mail or email this form to SP Images Credit Department:
SP Images P.O. Box 6883 Freehold, NJ 07728 | Fax (732) 431-3572 | ellen@spimages.com