



## Credit Card Authorization Form

To pay by Credit Card, please complete this form and mail to:  
Sarah Bentham Photography  
P.O. Box 4454  
Fayetteville, AR 72702

I authorize *Sarah Bentham Photography* to charge the agreed amount listed below to my credit card for photography services and/or products. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Name: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digitis on the back of the card): \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Cardholder- Print Name, Sign and Date Below:

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_