



# INFINITY SECURITY SYSTEMS, INC.

973 S. Meridian Ave., Alhambra, CA 91803 T:626-284-0044 F:626-284-0045 www.infinitycctv.com

## CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Company: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Shipping Address:

Company Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please Check One:

Visa

Master Card

Amex

Expiration Date: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

Security Code (4 digits for Amex, 3 digits for Visa & Master Card): \_\_\_\_\_

Please Check One:

I authorize this Credit Card Authorization Form to be used for all orders that I place with INFINITY SECURITY SYSTEMS, INC. Verbally or in Writing.

I would like this Authorization Form to be faxed to me for my signature each and every time of my order.

Note: The credit card charge will include your total order amount plus the shipping and handling.