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Credit Card Authorization Form

Please print legibly.

Today's Date: _____

Order Information

Your Name: _____

Mailing Address for Receipt: _____

Amount to be Charged (min. \$20 charge): _____

Details for Charge: _____

Billing Information

Type of Credit Card (circle one): Visa MasterCard

Credit Card Number: _____ Exp. Date: _____

Name as It Appears on the Credit Card: _____

Security Code (last three digits on the back of card): _____

Billing Address for Credit Card: _____

Authorized Signature: _____

Thank you for your order!

If you have any questions or concerns, please e-mail Jen@RaeJenPhotography.com or call 770-560-6042.