



MAILING ADDRESS:
10105 E. VIA LINDA, STE. 103 #397 • SCOTTSDALE, AZ 85258
PRODUCTION FACILITY:
1497 E. BASELINE ROAD, SUITE 107 • GILBERT, AZ 85233
TEL: 480.949.5202 • **FAX:** 480.949.5560
E-MAIL: INFO@DESERTDIGITALIMAGING.COM
WEBSITE: WWW.DESERTDIGITALIMAGING.COM

Credit Card Authorization Form

INSTRUCTIONS

CUSTOMER NAME

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Desert Digital Imaging, Inc. by fax

SUBMIT TO:
(480) 949-5560 (Fax)
Desert Digital Imaging, Inc.
ATTN: CREDIT CARD BILLING

Date: _____ Invoice Ref. # _____

Cardholder Name: _____

Credit Card Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CVV Number: _____ (3-4 digit security code)

Billing Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone Number: _____

Email Address: _____

I authorize Desert Digital Imaging, Inc. to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

Printed Name: _____

Signature: _____

Date: _____

Desert Digital Use Only (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES