



**Camera Service Center Inc.**

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**www.arricsc.com**

**Credit Card Authorization**

This letter will serve as authorization to charge my credit card for any charges incurred on behalf of our normal business operations or myself

**Card Type and Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Cardholders Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_

**Verification Number\*** \_\_\_\_\_

\*To find your card verification number: Visa & MasterCard number appears as 3 digit number on the back of the card and to the right of your card number.  
American Express number appears as a 4 digit number printed on the front of your card after and to the right of your card number.

I hereby confirm as to each of the charges:

- a. That I authorized this merchant to submit each of these current charges and any future charges that may be incurred.
- b. That I have received all the products or services associated with all of these transactions.
- c. That I am satisfied with the products or services provided to me in connection with these transactions.
- d. That I have no dispute and agree to waive any dispute rights that I might otherwise have in connection with these transactions.
- e. That I agree to pay for these charges pursuant to my agreement with the card issuer.

I understand that credit card funding decisions are being made and I agree that the above merchant's credit card processor may rely upon my statements on this letter.

**All Refunds take 20 - 30 days to be processed**

**To complete this transaction you must include a legible copy of the credit card and picture identification with a signature**

**Cardholders Name** \_\_\_\_\_  
(type or print)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_