



Dear Customer:

Please complete the form below to provide the information necessary for us to include your credit card information in our billing system. Your card will be charged for your orders only when you ask us to via a check box on our order form or by written or verbal communication directly with us. Thank you for letting us serve your memorial portrait needs.

Company Name _____ Date ____ / ____ / ____

Name on the Card _____

Address where statements are sent on the Card:

Street or Box _____

City _____ State ____ Zip Code _____

Card Type (Circle One) **Mastercard** **VISA**

Card Number

Expiration Date ____ / ____ CCV ____

Signature of Authorized Signer _____

Please return this form by mail to the address below or fax to 530-895-9600

We appreciate your business.

650 Thunderbolt Street, Chico CA 95973
800.960.8040 Fax: 530.895-9600