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ACCOUNT MANAGER: BRENT JONES

CREDIT CARD PAYMENT AUTHORIZATION FORM

(Signing of this form authorizes the charging of orders and the assessing of additional fees as per the Order Confirmation)

ORDER NUMBER / NAME:_____ **CREDIT CARD INFORMATION (REQUIRED)** CORPORATE DERSONAL BILL TO NAME (AS SHOWN ON CARD):_____ BILLING ADDRESS: CITY: STATE: ZIP: CARD TYPE: UVISA MASTERCARD AMEX DISCOVER ACCOUNT NUMBER:_____ EXPIRATION DATE: ____/___/ AMOUNT TO BE CHARGED: By submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you. AUTHORIZED SIGNATURE: ORDER CANNOT BE PROCESSED WITHOUT SIGNATURE (PLEASE SIGN OR TYPE IN FULL NAME)