OCAVS
OC AUDIO VISUAL SOLUTIONS

1. Fill out the form completely either online or print and fill out by hand.
2. When filling out the form, be sure to write the amount that will be charged to your credit card.
3. Once the form is signed, you may E-mail it to info@ocavs.com or fax it to (877) 586-7375.

CREDIT CARD AUTHORIZATION FORM

Credit Card Type: VISA ☐ MC ☐ AMEX ☐

Credit Card Number:

CCV: | **Exp date:** | / |

Cardholder's name as it appears on the credit card:

Cardholder's billing address:

Street:
City: State: Zip:

I, _____ **, HEREBY AUTHORIZE OC AUDIO VISUAL SOLUTIONS**

TO CHARGE MY CREDIT CARD ACCOUNT IN THE AMOUNT OF $ _____

Cardholder's phone number:

Cardholder's Signature:

Your completion of this form will help us to protect you, our valued customers from credit card fraud. All information entered on this form will be kept strictly confidential by OC AUDIO VISUAL SOLUTIONS.