



6398 Dougherty Road, Suite 27
 Dublin, California 94568
 (925) 803-1210 • Fax: (925) 803-9885
 www.selectimaging.com

Please fill out completely and fax to (925) 803-9885

PERFERATED LINE FOR SELECT IMAGING USE ONLY. DO NOT CUT AND FAX PARTIAL CREDIT CARD AUTHORIZATION FORM. PLEASE FAX ENTIRE FORM.

Credit Card Authorization

PLEASE PRINT CLEARLY

Client: _____

M/C VISA AMX

Name on Card: _____

Exactly as it appears on card.



Card Number: _____

Expiration Date: ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Card Verification # _____ CVV2/CID

X _____ / ____ / ____

Authorized Signature

Date

My signature on this document authorizes Select Imaging to bill my credit card for any charges incurred by me.

We will never sell or rent your account information or email address. Nor will we share your confidential information with anyone except as necessary to process your order. Your information will only be used for the purpose of fulfilling your order.