

Tel: 480-258-1050, Fax: 602-788-0869

CREDIT CARD AUTHORIZATION

I,, authorize Ian MacFarlane of Mac's Modeling, LLC. to
Print Name charge my credit card for the amount of \$
enarge my credit card for the amount of \$\psi
I agree to honor all credit card vouchers as if I signed them myself.
I certify that I am the rightful owner of the following card: Type of Card: VISA, MASTERCARD, (Circle one.)
Card Number:
Expiration Date:
Name as it Appears on Card:
Street:
City, State/Region, Zip:
Country:
Shipping address if different from above:
Street:
City, State/Region, Zip:
Country:
Enter V-code* *The three digit code located on the front or back of your card at the end of your regular credit card number.
Signature of Cardholder: