

Company Information

Date	Company Name
Customer Name	

I _____ HEREBY AUTHORIZE "GENESIS CCTV, INC." TO CHARGE MY CREDIT CARD FOR THE PURCHASE OF ANY PRODUCTS AND SERVICES AND ANY FUTURE UNPAID BALANCES THAT CORRESPOND TO A SALES ORDER SUBMITTED BY "GENESIS CCTV, INC" PLACED BY MYSELF, MY COMPANY, ITS PRINCIPALS, AND/OR ITS REPRESENTATIVES. THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND IS CONSIDERED CONFIDENTIAL. I ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE CORRESPONDING CREDIT CARD AGREEMENT AND "GENESIS CCTV, INC. SALES POLICIES.

Billing Information

Credit Card Type: Visa Mastercard AMEX				
Card Number			CID	4 digit printed number, not embossed, on the face of the card; AMEX near top right area of the card, MasterCard & Visa top left area
Card Expiration Date				
Billing Address			Name as it appears on Card	
City		State	Zip	Card Holder Date of Birth
Telephone		Fax		

Signature

Date

Please attach copies of front and back of Credit Card and driver's license