



EASTMAN KODAK COMPANY CREDIT CARD AUTHORIZATION FORM

To: Eastman Kodak Company
Attn: _____
From: _____
Date: _____

This will serve as authorization for Eastman Kodak Company to use my credit card for payment of motion picture film, processing and/or scanning per details below.

Company/Individual Information:

Company/Individual Name: _____
Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Tel: _____

Credit Card Information:

Credit Card Type _____ Card #: _____ Exp. Date: _____
Credit Card Verification #: _____ M/C or Visa (3 digits on back of card)
AMEX (4 digits on front of card)
Name on Credit Card: _____
Billing Address: _____
City: _____
State/Province: _____ Zip/Postal Code: _____
Phone: _____ Email: _____

Authorization:

I hereby authorize Eastman Kodak Company to charge my card.
In addition, please keep _____ do not keep _____ my card on file for future purchases, processing and/or scanning.

If applicable, I am authorizing _____ to pick up my order(s) from Kodak Film Lab Atlanta.

Attached are copies of my credit card back and front and a copy of my Drivers License.

Card Holder's Signature: _____ Date: _____