CREDIT CARD AUTHORIZATION

Credit Card Type: ☐ American Express ☐ Visa ☐ Master Card ☐ Discover

CARD # _____ EXP DATE _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip _____

I, _____ AUTHORIZE Secure Cloud Video to charge credit card number listed above.

Maximum amount allowed to charge _____

Signature: _____

Printed Name: _____

Position: _____

Date: _____