



Professional Image

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Credit card payment – After completing this form, email, fax or deliver to Professional Image.

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Email address and/or phone #*: _____

Name as printed on the card:* _____

Complete billing address: *

Card type:* VISA MasterCard AMEX Discover

Card number:* _____

Exp date (month/year):* _____ Security Code:* _____

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By submitting this form, you are authorizing Professional Image to hold on file and charge this card as instructed. If you agree, please **Sign AND Date** below. By signing below, you are stating that you are the rightful card holder of the credit card account.

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