

# BRISTOL OPTICAL

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**bristloptical.com**

## CREDIT CARD AUTHORIZATION

Sign and complete this form to authorize Bristol Optical, Inc. to debit to your credit card listed below on future digital lens orders.

By signing this form, you give us permission to debit your account for the invoice amount on any orders placed by your company.

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### Please complete the information below:

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name:	_____			
Account Number:	_____			
Expiration Date:	_____	CVV Code:	_____	
			<small>3 digit number on back of Visa/MC 4 digits on front of AMEX</small>	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.