



VISUAL POLLUTION TECHNOLOGIES INC

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Email: info@visualpollution.com

CREDIT CARD AUTHORIZATION

Date: _____

Business Name: _____

Shipping Address: _____

City, State, ZIP: _____

Telephone #: _____ Fax #: _____

The undersigned authorizes Visual Pollution Technologies, Inc. to charge \$_____ to the following credit card:

☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover ☐ Debit Card ☐ Other _____

Credit Card # _____ CVV: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

City, State, ZIP: _____

Cardholder's Signature: _____

By signing this authorization, the card holder acknowledges that Visual Pollution Technologies has a **NO REFUND, NO RETURN** policy.

EMAIL OR FAX THIS COMPLETED FORM TO
info@visualpollution.com
480-767-2796