

BRISTOL OPTICAL

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Bristolite™ CREDIT CARD AUTHORIZATION

Sign and complete this form to authorize Bristol C&D, 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.

Please complete the information below:

Name _____ Billing Address _____
City, State, Zip _____ Email _____
Phone# _____ Fax# _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

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.