



37770 Amrhein Road | Livonia, Michigan 48150 | faroimaging.com

Credit/Debit Card Authorization

Company/Customer	
Faro Invoice #	
Name on Card	
Card Number	
ZIP (connected to card)	
CVV Code	
Expiration Date	
Billing Address	
Billing City	
Billing State	
Billing ZIP	
Email Address	

I authorize Faro Imaging to make a charge of \$ _____ to the above card and agree that I will pay for the purchase in accordance with the issuing bank cardholder agreement.

Optional:

This is a one-time authorization only.

I authorize Faro Imaging to keep this information on file for future purchases.

Signed _____

Printed Name _____ Date _____

Return completed form to marie@faroimaging.com. Call 734.207.8400 with questions.