

**US&C EASTMAN KODAK CO./KODAK CANADA INC CREDIT CARD
AUTHORIZATION FORM**

To: Eastman Kodak Company/Kodak Canada Inc

Attn: _____

From: _____

Date: _____

This will serve as authorization for Eastman Kodak Company/Kodak Canada Inc. to use my credit card for payment of motion picture film per details below.

General Group/Company Information:

Company/Group Name: _____

Address: _____

State/Province: _____ Zip/Postal Code: _____

Tel: _____

Credit Card Information:

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

Credit Card Verification # _____ M/C or Visa (last 3 digits on back of card)
AMEX (4 digits on front of card).

Name on Credit Card: _____

Billing Address: _____

Phone: _____ Fax: _____

Authorization:

I hereby authorize Eastman Kodak Company/Kodak Canada Inc. to charge my credit card for order # _____, in the amount of \$_____

In addition, please keep ___do not keep ___ my Credit Card on file for future purchases.

I am authorizing _____ to pick up my order(s) from Eastman Kodak Company.

Attached are copies of my credit card back and front and a copy of my Driver's License.

Card Holder's Signature: _____ Date: _____