

# JOHN & JOSEPH

WEDDING DATE

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NAME ON CARD

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VISA       MASTERCARD

CARD NUMBER

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EXPIRATION DATE

CVV NUMBER

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BILLING ADDRESS

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BILLING CITY/STATE

ZIP

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PHONE NUMBER

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CHARGE AMOUNT

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I agree to pay the total amount above according to the card issuer agreement. I hereby authorize John & Joseph Photography Inc. to charge the above credit card for the amount specified above. I agree to be bound by John & Joseph Photography Inc.'s Photography Contract for this transaction and the transaction(s) scheduled to be paid above.

SIGNATURE

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DATE

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PORTFOLIO [www.johnandjoseph.com](http://www.johnandjoseph.com)  
E-MAIL [info@johnandjoseph.com](mailto:info@johnandjoseph.com)