

JOHN & JOSEPH

WEDDING DATE _____

NAME ON CARD _____

VISA MASTERCARD

CARD NUMBER _____

EXPIRATION DATE _____

CVV NUMBER _____

BILLING ADDRESS _____

BILLING CITY/STATE _____

ZIP _____

PHONE NUMBER _____

CHARGE AMOUNT _____

3% transaction fee will be added.

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 _____

DATE _____

PORTFOLIO www.johnandjoseph.com
E-MAIL info@johnandjoseph.com