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(1-800-393-2265)

# San Diego Eye Bank Credit Card Authorization Form

*The following information must be filled out completely and signed for this transaction to be valid.*

**Cardholder Information: (Please print)**

**Card Type:**      MasterCard      Visa      American Express

**Card#:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Payment to be applied as follows:**

INVOICE #	\$ AMOUNT
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INVOICE #	\$ AMOUNT
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**I agree to pay the above total amount according to the merchant agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**