



## **Alternate Payment Verification Form**

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ have made a purchase from Security Camera King, Inc. It is order # \_\_\_\_\_. I have authorized a payment using \_\_\_\_\_ (payment method ie. Paypal, Google ect...). I verify that I am in fact authorized to make payments using this method.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Please return this form along with a copy of your government issued ID via email or Fax.

Email Address is [sales@securitycameraking.com](mailto:sales@securitycameraking.com) Fax # 561-288-5257