

TECHVISION USA

Alternate Payment Verification Form

Customer Name: _____

Billing Address: _____

Billing Phone Number: _____

Shipping Address: _____

I, _____ have made a purchase from TechVisonUSA. 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@techvisionusa.com Fax # 561-288-5257