



Royal Imaging

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Approval of Order

NAME: Claude Simon

SIGNATURE: Claude Simon

TITLE: _____

DATE: 11/16/2017

Credit Card Authorization

AMOUNT \$893.86

CREDIT CARD NUMBER: 5491139388543945

CREDIT CARD EXPIRATION DATE: 4/30/19

NAME ON CREDIT CARD: Claude Simon

CREDIT CARD BILLING ADDRESS:

534 West 42nd Street Apt 8

New York, NY 10036

SIGNATURE*: Claude Simon

*I hereby authorize charges by Royal Imaging to the credit card provided.