



## Credit Card Authorization Form

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Card Type:       Visa       Master Card       American Express

Credit Card Account #: \_\_\_\_\_

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

Three-digit Verification #: \_\_\_\_\_

(The last 3 numbers listed on the signature line - on the back of the credit card)

Cardholder's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I authorize Printing Technology, Inc. to charge the above credit card for all merchandise purchased until this authorization is terminated in writing by notifying Printing Technology, Inc. via certified mail.

\_\_\_\_\_

Print authorized cardholder's name

\_\_\_\_\_

Authorized cardholder's signature

\_\_\_\_\_

Date

**To complete the authorization process, fax a LEGIBLE copy of the following:**

- 1) the front & back of the credit card listed above.**
- 2) the cardholder's driver's license or valid state identification**