

THEPRINTSHOP

CREDIT CARD **AUTHORIZATION FORM**

I, _____ authorize The Print Shop of Savannah, Inc. to charge my credit card using the following information:

CREDIT CARD TYPE: Mastercard Visa AMEX

NAME AS IT APPEARS ON THE CARD: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____ CVC: _____

BILLING ADDRESS FOR CREDIT CARD: NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INVOICE PAYMENT METHODS (Please Check One)

Card to be KEPT ON FILE at The Print Shop and payment applied to each order prior to invoicing and delivery. Zeroed out invoice copies will be emailed to client.

_____ **OR** _____

I will save this form and email to my account representative each time I would like to make a credit card payment.

PLEASE APPLY PAYMENT TO THE FOLLOWING OUTSTANDING INVOICE(S):

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

INVOICE NO.: _____

INVOICE TOTAL: _____

GRAND TOTAL: _____

Authorized Signature: _____ Date: _____