

THEPRINTSHOP

CREDIT CARD **AUTHORIZATION FORM**

CLIENT INFORMATION

COMPANY NAME: _____ PRINT SHOP ACCOUNT No.: _____

CREDIT CARD 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)

I, _____ authorize The Print Shop of Savannah, Inc. to keep my credit card on file and charge my credit card using the information provided above at the completion of each order prior to invoicing and delivery. Zeroed out invoice copies will be emailed to client.

Authorized Signature: _____ Date: _____

REV 3/21