



**THE
PRINTERS
PRINTER**

CREDIT CARD CHARGE AUTHORIZATION

(Return completed form by email / fax (954) 917-2990)

I authorize The Printers Printer, Inc. to charge the amount shown below to my credit card. I certify that I am an authorized user of this credit card and am legally authorized to enter into this transaction. I agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy any situation directly with The Printers Printer, Inc.

CHECK ONE: American Express MasterCard Visa Discover

Credit Card Number:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Expiration date: □ □ / □ □ (MM/YY) Security code: □ □ □ □

Total amount of charge: \$ □ □ , □ □ □ . □ □ (US DOLLARS)

Name of cardholder: _____
(Print exactly as it appears on credit card)

Cardholder signature: _____ Date: _____

(All credit card transactions are subject to a 2.5% transaction fee in addition to the charge.)

Company Name: *(Print)*

Billing Address: *(The address to which C/C company mails your bill)*
Street _____

Apply payment to the following invoices:
INVOICE# _____

City _____ *State* _____ *Zip* _____

Thank you for your business