CREDIT CARD AUTHORIZATION FORM

Name : _____

Address: _____

_____

Phone: _____

I Authorize PrintFarm to charge the following Credit Card

Amount: $ _____

❑ Visa ❑ Master Card ❑ American Express

Credit Card Number: _____ Exp Date: ____/____

_____
NAME AS IT APPEARS ON THE CREDIT CARD (PRINT)

_____
CARDHOLDER'S BILLING ADDRESS AS LISTED WITH CREDIT CARD COMPANY

_____
CITY STATE ZIP CODE

_____
Cardholder's Signature

If the name on the credit card is in name of a corporation or other business entity, please print the signer's name:

_____

3511 NW 74th Ave. / Miami, FL 33122
Phone: 305-592-2895 / Fax: (305) 592-1268