



increase your reach

Attn Adobe Reader users: Complete document first, then print out to sign and fax back

Credit Card Authorization

(Please complete form in full. Your information will be held in strict confidence.)

Company Name: _____

Cardholder Name: _____

Cardholder Phone: _____

AlphaGraphics Sales Rep Name: _____

Being the cardholder or authorized purchaser, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize AlphaGraphics to charge my credit card for the printing services provided.

I further agree that in the event my credit card becomes invalid, I will provide AlphaGraphics with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to AlphaGraphics.*

Card Type: American Express Visa Mastercard Discover

Card Number: _____ Exp. Date: _____ Sec. Code*: _____
*Verification# (last 3-4 digits on signature strip on back or 4 digits on front of American Express)

Purchaser's Name: _____ Title: _____

Signature: _____ Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Please check **one** box below:

Keep on file and charge each invoice at time of order completion

Charge just this invoice: _____ in the amount of: \$ _____

Please fax this completed form to 602.265.0569

(Form must be filled out completely! Form will not be accepted if only partially completed or alterations to form are present.)

*Please note that if the card is not used for a period of 6 months, we may require you to complete a new form.