

CREDIT CARD AUTHORIZATION FORM (Complete and Fax to 859.586.4923)

■ BILLING INFORMATION

Company Name _____

Client Name _____

Billing Address _____

City _____ State _____ Zip _____

Telephone () _____

■ CREDIT CARD INFORMATION

Name On Credit Card _____

Credit Card Type (Please Check One) Visa Mastercard American Express

Credit Card Number _____

Expiration Date (e.g. 11 / 04) _____ / _____

Amount \$ _____ Invoice # _____

By signing below, I authorize Graficus Design Group, Inc. to charge my credit card for the amount listed above.

_____ / _____ / _____
Authorized Signature Date

Please keep my credit card information on file. I understand no payments will be charged to my account without my prior approval.