



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover

Credit Card Number: _____

Expiration Date: _____ Card Identification Number: _____

Amount to Charge: \$ _____ (USD) Zip Code _____

I authorize Printmasters to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Email: Nesi@printmasterlosal.com

Fax: 562-594-6221