

[CREDIT CARD AUTHORIZATION FORM]

Legal Name of Applicant : _____

Trade Name of Applicant : _____

Mailing Address : _____

City : _____ State : _____ Zip Code : _____

Shipping Address : _____

City : _____ State : _____ Zip Code : _____

Telephone : () _____ - _____ Ext _____

Fax : () _____ - _____

Email : _____

Length of Time at Current Address : _____

Type of Business : Corporation Limited Liability Proprietorship

Card Type : Visa MasterCard Amex

Card Number : _____ - _____ - _____ - _____

Expiration Date : _____ / _____

Security Code : _____ (3 DIGIT CODE ON THE BACK OF THE CARD OR 4 DIGIT ON FRONT OF AMEX)

Name on Card : _____

Title : _____

Billing Address : _____

City : _____ State : _____ Zip Code : _____

I am an authorized signer on the above credit card and hereby give permission to bill this credit card when requested

Authorized Signature : _____ Date : _____

Print Name : _____



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