



Credit Card Authorization Form

Please complete all areas below, and submit to your store representative.

Your preferred Quik Print Location

Congress Shoal Creek Cross Park

Customer: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please list the names of those employees that are authorized to place orders using this credit card.

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

Cardholder Information

Name as it appears on Credit Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Credit Card #: _____

Exp. Date: _____ Security Code: _____

Credit Card Type: Visa Mastercard Amex Discover

Authorization to keep card on file and charge (please initial one):

_____ Charge each order / invoice as it is generated.

_____ Charge Account Statement Balance at the end of each month.

_____ One time charge only. Inv# _____ Amount \$ _____

Cardholder Signature: _____ Date _____