

**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.