



Credit Card Authorization Form

PLEASE FILL OUT THIS AUTHORIZATION & EMAIL TO US. All information will remain confidential. (*do not need to print/sign)

*Customer Name _____

*Credit Card Number _____

*Card-holder Name: _____

Billing Address: _____

*Billing Zip Code: _____

*Credit Card Type: (CHECK ONE) Visa Mastercard Discover AmEx

*Expiration Date: _____

*Card Security Code (a 3 or 4 digit sec code on the back or front of credit card): _____

*Amount to Charge: \$ _____

I authorize **SIGNS & PRINTING** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank card-holder agreement.

Card holder – Sign and Date Below:

*Signed: _____

*Dated: _____

**** Remember to please fill-out this form and send back to us as quickly as possible Info@MiamiBannerPrinting.com as we will not commence any work prior to receiving account payment authorization.**

(Sales are final and refunds are only issued at our discretion)

Any questions or concerns please contact our billing dept a call at (786) 505-5538