



Credit Card Authorization Form

PLEASE FILL OUT THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential. (you do not have to print/sign)

Customer Name _____

Credit Card Number _____

Cardholder Name: _____

Billing Address: _____

Zip Code: _____

Credit Card Type:
(CHECK ONE)

Visa

Mastercard

Discover

AmEx

Expiration Date: MM/YYYY _____

Card Identification Number (3 or 4 digit security code located on the back of card) _____

Amount to Charge: \$ _____

I authorize **SEATTLE 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@SeattleBannerPrinting.com as we will not commence any work prior to receiving account payment authorization.**

Any questions or concerns please contact us immediately at (206) 588-5592