



Credit Card Authorization Form

Company Name _____

Billing Address _____

Phone _____

Card Type: Visa Mastercard Discover Amex

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Card Number

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Exp. Date

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Security Code

I agree to all terms stated in Core Integrated Marketing's terms and conditions and herby authorize Core Integrated Marketing ie Printcrazy LLC, to bill my credit card listed above, for any charges on my statement. If you default on payment you agree to pay all collection and court costs.

Name (Print) _____

Signature _____

Date _____

This card will be kept on file for future orders unless canceled by request.