



CREDIT CARD AUTHORIZATION

Your company: _____, Name: _____

Complete entire form and fax it to **954-974-9925**, or email it to your account rep.

The purpose for this form is to facilitate payment for materials and/or services from ADGRAPHICS, INC. (AG). I understand that AG has the right to exercise the use of the credit card designated below on all purchases except when otherwise instructed by me (in writing). I understand that I am the only person permitted to make purchases from AG using the credit card designated below.

I, _____, do hereby authorize ADGRAPHICS, INC.,
(CARD HOLDER'S NAME, PLEASE PRINT)

to charge my **VISA** **MASTER CARD** **AMEX** **DISCOVER**
(Check One)

for AG Quote #: _____, in the amount of \$ _____
(PLUS ANY EXTRA CHARGES INCURRED FROM THIS TRANSACTION)

Use my credit card this time only. **Keep my credit card info on file.**

Your Company Name: _____

Credit Card Billing Address: _____
(REQUIRED > CITY, STATE, ZIP-CODE)

Phone Number: (_____) _____ Date: _____

Card Number: _____ Expiration Date: _____

V-CODE: _____ (3 digit number located on BACK of the credit card).

V-CODE (AMEX): _____ (4 digit number located on FRONT of the credit card).

Print Card Holder Name: _____

Authorized Signature: _____