

Please fax back to Publishers' Graphics
Tel: 630.221.1850
Fax: 630.221.1870

CHARGE CARD AUTHORIZATION FORM

IS THIS A BUSINESS/CORPORATE CARD? ____ YES ____ NO

IF YES, PLEASE FILL IN 4 DIGIT ACCESS CODE _____

Dear Customer,

Please complete the following information regarding your credit card transaction:

VISA OR MasterCard ACCOUNT NUMBER:

_____ - _____ - _____ - _____

Expiration date ____/____ 3 or 4 digit number on the right side in the signature box _____

Name in which card is issued: _____

Billing Address of charge card: specify home or business

Telephone: _____ Fax: _____

AUTHORIZED SIGNATURE:

_____ DATE: _____

print name: _____ title: _____

JOB TITLE: _____ E# or Invoice# _____

ESTIMATED AMOUNT \$ _____ PLUS SHIPPING CHARGES AND +/- 5%
QUANTITY VARIATIONS (Please note: 50% will be charged to this card when order is received
(100% on reprints or if proof is not required) and 50% will be charged at proof approval.
Shipping charges and quantity variations will be charged when completed.

Please fax back completed form to Cathie Hoffmann
Publishers' Graphics – Fax: 630.221.1870