



BRAND GRAPHIC SOLUTIONS
IMAGING BRANDS FOR SUCCESS

30 E. Main St., Plymouth, PA USA 18651
(570)779-4343 (866)245-1925 FAX

FRAUD PREVENTION

CREDIT CARD AUTHORIZATION

Date: _____

Customer #: _____

Account Rep _____

Credit Card Billing Address:

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Business:

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Contact Name _____

Contact Email Address _____

ONE TIME USE

PLEASE KEEP ON FILE FOR FUTURE ORDERS

Check one: Visa Mastercard Discover AMX

Issuing Bank: _____

Card Number: _____

Expiration Date: _____

The purpose of this statement is to authorize Brand Graphic Solutions (also stated forward as "the merchant") to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders. I/We understand that upon the expiration date of this Credit Card or if any other information changes it will be necessary to complete a new Credit Card Authorization Form.

By signing this document I/We am/are accepting all responsibility for these transactions to ensure full and proper payment to the merchant.

Print Cardholders Name _____ Cardholders Signature _____

ADDITIONAL INFORMATION: _____
