

# Credit Card Authorization Form

Payment Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Company Name: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code #: \_\_\_\_\_

AMEX - 4 digit code on front, Visa/MC - 3 digit code on back

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\* By signing this form you are authorizing Image Craft, LLC to charge your credit card for the amount shown.*