

AUBURN PRINTERS

integrated marketing

Visa/MasterCard/American Express Authorization Form

Please Fax to: 530-885-6517

One Time Only **Use Each Time** **Monthly Charge**
One time only (or if neither are checked) will NOT be kept on file

Date _____ Start Date/Monthly Charge _____

Account Name _____

Name (as it appears on account/card) _____

Credit Card Billing Address _____
Street

_____ City _____ Zip _____

Contact Phone Number _____

Total amount authorized with this transaction _____

Visa **Mastercard** **American Express**

Card # _____ Exp. Date _____

Signature of Cardholder _____

If taken Via Phone, Initials of Sales Rep _____