

# Credit Card Authorization



Please complete this form and return via email, fax or in-store:

**email: [juliec6226@gmail.com](mailto:juliec6226@gmail.com) • fax: 323-895-7898**

I \_\_\_\_\_ (name) hereby:

- Authorize the charges listed below to my credit card using the information I have provided below. Charges are incurred in exchange for goods and services provided by Nonstop Printing.
- Agree that I will not initiate any dispute of this charge in the future.
- Permit you to retain a photocopy of both the front and back side of my credit card as a substitute for a physical imprint.

---

Total to be charged: \$ \_\_\_\_\_ Date of charge: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

3-digit CVV code (on back of card) \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

---

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_