



Architectural
Digital Imaging
Large Format Printing
Managed Print Services
Digital On Demand Printing

CREDIT CARD AUTHORIZATION FORM

Print Name: _____ Date: _____

Company Name: _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #: _____

Exp. Date: _____ 3-Digit CVC Code _____

Credit Card Billing Address: _____

Contact Phone: _____ Contact Email Address: _____

PLEASE ATTACH A PHOTOCOPY OF YOUR CREDIT CARD

By signing this form, I authorize CDR Graphics to charge my Credit Card for the amount of:

TOTAL CHARGES: \$ _____

Authorized Signature: _____

- This is a One-Time only authorization
- This authorization is to remain in effect on file for future payments

Project Name: _____

Upon signing this authorization, I am agreeing to pay for the services rendered for the following invoices: _____

**I understand that I cannot later dispute the charges of the above-mentioned invoices.
All billing is final for work completed; there are no refunds or returns issued.**