Image Specialists
Ink Solutions for Digital Printing

CREDIT CARD AUTHORIZATION FORM

I, _____ of, _____, hereby
Name of Officer Name of Company
authorize Image Specialists, Inc. to use the following credit card information to charge purchases made at Image Specialists, Inc. I agree to pay the above said charges, and I will not default on this agreement. In the event that this agreement shall be in default and placed for collection, then the undersigned agrees to pay all reasonable attorney fees and/or costs of collection.

Cardholder's Full Name: _____

VISA ( ) **MasterCard** ( ) **American Express** ( ) **Discover** ( )

Dinners Club ( ) **JCB** ( )

Credit Card Number: _____

Expiration Date: _____/_____ CVV Code: _____

Credit Card Billing Info:

Street: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Requested Shipping Address (if different):

Street: _____

City: _____ State/Province: _____

Zip Code/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

X _____ ____/____/____
Cardholder's Signature Date

Company Name: _____

As the credit card holder, I also authorize Image Specialists, Inc. to charge my credit card for future purchases approved by me verbally or in writing.

Authorization Valid Until: _____/_____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Image Specialists, Inc. will keep all information entered on this form strictly confidential.

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Website: www.image-specialists.com