

Authorization of Payment by Credit Card

- I authorize my signature and card number to be kept on file for credit card payment of purchases and services invoiced by American Graphix Solutions.
- I authorize my signature to be kept on file for verification of credit card payment of this purchase/service only. Date of services rendered _____

Please use the following credit card:

- American Express # _____ exp. date _____ CSV# _____
- Master Card # _____ exp. date _____ CSV# _____
- Visa # _____ exp. date _____ CSV# _____
- Discover # _____ exp. date _____ CSV# _____

- Debit Card transactions available when paying in person.

PLEASE SIGN AND FAX

Name on card (please print) _____

Authorized Signature _____ Date _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____



Company _____

Address _____

City _____ State _____ Zip _____

Phone _____



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