

Credit Card Authorization Form

Martin Printing Company, Inc.

Date: \_\_\_\_\_

I \_\_\_\_\_ authorize Martin Printing Company, Inc. to charge my credit card for services rendered.

Reference or PO#: \_\_\_\_\_

Amount (for ongoing use, please leave blank): \$\_\_\_\_\_USD.

Credit Card Type: \_\_\_\_\_

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

CARD CV2 #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Billing zip code: \_\_\_\_\_

Name on card: \_\_\_\_\_  
(As it appears on card)

**FAX OR E-MAIL TO:**  
(864) 859-8620 fax  
angie@martinprinting.com

NOTES:  
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\_\_\_\_\_  
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