



Credit Card Authorization Form

Please Fax or Scan/Email and Return

Estimte or Invoice #

(Please Print or Type)

First Name	Middle Initial	Last Name
Company Name		
Address		
City	State	Zip
Phone No. () - - - -	Facsimile No. () - - - -	Email (for receipt)

Please charge my: Visa Master Card Discover Card

Credit Card No. (no dash)	Verification Code (CVV)
Name As On Credit Card.	
Full Billing Address	
Expiration Date	Amount Authorized \$
<i>Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize GS Printing & Graphics, Inc. to charge my credit card, for the service(s) provided. GS Printing & Graphics, Inc. will provide me with an invoice or statement detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will provide GS Printing & Graphics Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to GS Printing & Graphics Inc.</i>	
Authorized Signature	Today's Date

Address
GS Printing & Graphics, Inc
10645 E. Rush Street
South El Monte, CA 91733

Phone and Fax
Tel 626.442.2278
Email
info@gsprint.com

Fax 626.442.2833