



CREDIT CARD AUTHORIZATION FORM

Card Type:   

Name On Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____

CID (3 digit): ____ ____ ____

Amount to be charged: \$_____

By signing this form you give Premier Printing, Inc. permission to charge your credit card for the amount indicated on the above line. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Cardholder Signature: _____ Date: _____

PLEASE FILL OUT COMPLETELY AND SUBMIT TO:

Fax: 715.254.9455

Email: orders@premierprintinginc.com