VISION
Signs & Printing

Credit Card Payment Authorization

Business Name: _____ **Invoice/P.O.:** _____

Contact: _____ **E-mail:** _____

Ph#: _____ **Cell#:** _____ **Fax#:** _____

Descriptions: _____

Total: _____ (Orders Under $1000, full payment required with order.)

Deposit: _____ (Orders Over $1000, required 50% deposit and C.O.D. upon delivery)

Balance: _____ (Balance due upon delivery. If balance is not paid upon delivery, the balance will be charged on credit card automatically)

Type of Card: ❑ **MasterCard** ❑**Visa** ❑ **American Express** ❑**Discover**

Name on Card: _____

Card #: _____

Exp. Date: _____ **V-Code:** _____ (located on back of card in signature block, last 3 digits)

Street Address (where bills are sent) _____

City: _____ **State:** _____ **Zip Code:** _____

Signature of authorization: _____ **Date:** _____

Your account will be charged **PER INVOICE prior to production.**

Please fax to us

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