

CREDIT CARD AUTHORIZATION

In lieu of my credit card imprint, I _____
(Name of cardholder)

hereby authorize Alco Printing Inc. to charge my Visa Mastercard American Express card
(Please indicate credit card type)

Code _____

Credit card number _____ Expiration Date: _____ / _____

In the amount of \$ _____ for payment of printed material for

Job Name/Number _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Identification is required: Please also provide photo copy of the credit card (front & back) and copy of card holder's drivers license.

By signing below, I acknowledge charges described above. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

X _____
Signature of Cardholder

Date

Please fax completed form along with identification photocopies to Alco Printing 818-240-1416.