

Credit Card Authorization



51 Middlesex Street
N Chelmsford, Massachusetts 01863

Blank Authorization

One Time Authorization

Company Name _____

Company Address _____

City / State / Zip Code _____

Telephone Number _____

Fax Number _____

Credit Card Type Master Card Visa Discover American Express

Credit Card Number _____

CID _____

Expiration Date _____

Name on Card _____

Billing Address _____

City / State / Zip Code _____

Telephone Number _____

Email Address _____

I certify that I am an authorized signer on the above mentioned account and authorize The Imperial Image, Inc. to process charges associated with my order, including applicable tax and shipping, against the account listed above.

Authorized Name _____

(Please Print)

Authorized Signature _____

Date _____