

Credit Card Authorization Form

GLF, Inc. DBA Innovate Graphics
4600-H Lebanon Rd, Charlotte NC 28227
704.573.1180 • fax 704.573.1181

In order to process payment of your invoice to your credit card, please complete the following form and fax it back to us at 704.573.1181

Company Name: _____

Credit Card Billing
Address: _____

Customer Phone: _____

I would like to charge my: MasterCard Visa Amex (please check one)

Cardholder Name: _____

Credit Card Account
Number:

Credit Card Code: _____ Expiration Date: ____ / ____
(the last three digits found on the back of the card)

Amount Authorized: \$ _____

_____ Check the type of Account you are authorizing. _____

_____ ONE TIME ACCOUNT:
please initial—I authorize any applicable billable overage, shipping costs, or additional art/data expenses that may be incurred

_____ ONGOING ACCOUNT: Please initial this as an ongoing account for continued permission to charge your card for additional jobs and/or fulfillment charges for which a paid invoice will be supplied.

Authorized Person Submitting

(this must be an authorized signator of the credit card)

Print Name _____

Signature _____ Date _____

Your signature authorizes GLF, Inc. to charge your card and confirms that you understand the charges and the purchase of this payment transaction.