



Credit Card Charge Authorization Form

ATTENTION: Mike Robinson c/o Account Receivables

Today's Date: _____

Please complete the form below & sign for authorization to process payment on your credit card. Once complete either fax to **604.872.8953** or scan & email to ar@printprint.ca

Thank you!

Customer: _____

Contact name: _____

Address: _____

Phone: _____ Email: _____

On-going Authorization:

I certify that I am authorized to use the below listed credit card and hereby authorize Ultra X-Press to charge future orders to the following credit card account:

Card Type: VISA MASTERCARD AMEX

Card Number: _____

Expiration Date: _____

Name on Card: _____

Security # (CVV) _____

Is this a corporate card or personal? Corporate Personal

Authorized Signature: _____

Thank you for your order!

| W: www.printprint.ca | E: info@printprint.ca | P: 604.872.8943 | F: 604.872.8953

| PO Box 4364 Station Terminal, Vancouver B.C., V6B 3Z7