



THEPRINTSHOP

312 MALL BOULEVARD	878 FORDING ISLAND RD
SAVANNAH, GA 31406	BLUFFTON, SC 29910
912.354.6004	843.815.7701
FAX 912.355.5381	843.815.7702 FAX

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize The Print Shop of Savannah and/or The Print Shop of Bluffton to charge my credit card using the following information:

CREDIT CARD TYPE: _____ (Mastercard, Visa or AMEX)

NAME AS IT APPEARS ON THE CARD: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

BILLING ADDRESS FOR CREDIT CARD: NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

To be applied to the following outstanding invoice(s):

INVOICE NO.: _____ INVOICE TOTAL: _____

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INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

INVOICE NO.: _____ INVOICE TOTAL: _____

GRAND TOTAL: _____

Authorized Signature: _____

Date: _____