



Credit Card Payment Authorization Form

Sign and complete this form to authorize Reprographic Solutions Inc. to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for invoices on your account.

Please complete the information below:

I _____
(full name) authorize Reprographic Solutions Inc. to charge my credit card account indicated below for any and all past due invoices.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV# (3 or 4 digit code) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.