



» Credit Card Authorization Form

- Master Card
- Visa
- American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: (3 digit code on reverse side) \_\_\_\_\_

Card Holders Name: (as it appears on card): \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Charge Authorized Amount: \$ \_\_\_\_\_

(Above amount does not include sales tax or freight which will be calculated upon completion of job.)

Invoice #: \_\_\_\_\_

I hereby authorize Karr Graphics Corp. to make charges to my Credit Card as outlined above in consideration for products as requested by me.\*

Card Holder Signature: \_\_\_\_\_

Card Holder Name (Print): \_\_\_\_\_

Please email / fax / mail to:  
Karr Graphics Corp.  
22-19 41st Avenue  
Long Island City, NY 11101  
Fax: 212-645-6009

\* This form will be kept on file for final payment and future billing purposes unless otherwise directed by cardholder.