

Print-Tech, Inc. Credit Card Authorization Form

SALES REP TO COMPLETE
THIS SECTION

Sales Rep: _____ (734) 996-2345, ext _____

Customer Name: _____

I authorize Print-Tech, Inc. to charge the following credit card for

Description of Job _____

Job# _____ Amount _____

Choose EITHER 1 OR 2

1

Use my credit card on file under this name: _____
CVV2 # _____

2

New Credit Card info: One Time Use Please keep on file

Please complete all fields

Name as it appears on credit card: _____

Credit card #: _____

Expiration date: _____

CVV2 (3 digit number that appears on the signature line): _____

Billing Address: _____

CUSTOMER MUST
COMPLETE

Authorized Name (please print): _____

Authorized Signature: _____

Today's Date: _____

Fax to Print-Tech at: 734.996.2340