

Credit Card Authorization

Fax **972.991.5919** or scan and email to **sales@inkjetintl.com**



INKJET
INTERNATIONAL

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972.991.5919 Fax

4443 Simonton Rd., Dallas, TX 75244

Attn: _____

Company: _____

Card Owner Name: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____ Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION

Credit Card #:	Expiration: /	Security Code:
Name on the Card:	<input type="checkbox"/> Visa / <input type="checkbox"/> Master Card / <input type="checkbox"/> American Express / <input type="checkbox"/> Discover	
Billing Address:		
City:	State:	Zip Code:

Paste legible photocopy of the
FRONT side of the credit card.

Paste legible photocopy of the
BACK side of the credit card.

PAYMENT AUTHORIZATION

I authorize **InkJet International** to bill \$ _____ to my credit card for the products/services that I have ordered.

Card Holder Signature: _____ Date: _____

Card Holder Name: _____

I authorize **InkJet International** to bill the charges to my Credit Card for the products/services of my future orders and to keep my Credit Card information in the file for the same.

Card Holder Signature: _____ Date: _____

Card Holder Name: _____

FOR INKJET USE

Account Code: _____ Approved by: _____ Date: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.
All information entered on this form will be kept strictly confidential by InkJet International.