



Digital Post Services

CREDIT CARD AUTHORIZATION FORM

This letter is to authorize use of the following credit card for the specified charges below.

COMPANY NAME _____

AUTHORIZING PERSON _____

AMERICAN EXPRESS _____ EXP DATE ____/____

VISA _____ EXP DATE ____/____

MASTER CARD _____ EXP DATE ____/____

PRINTED CARD HOLDER NAME (EXACTLY AS ON CARD)

NAMES OF PEOPLE AUTHORIZED TO CALL IN ORDERS ON MY BEHALF

ALL CHARGES COVERED BY CARD UNLESS SPECIFIED.

WORK ORDER #/ INVOICE # _____ AMOUNT \$ _____

SIGNATURE OF AUTHORIZED CARDHOLDER

____/____/____
TODAY'S DATE