

# Credit Card Authorization Form

Do not write in this space



Phone: 888-509-7446  
Fax: 888-509-6898  
Email: sales@firesprint.com

Complete this form if you would like to order by fax or email. We will keep this form on file per your request and use it to bill future orders automatically unless specifically requested.

I am a new customer **OR**  
 Please update my account

Company Name \_\_\_\_\_  
Main Contact \_\_\_\_\_  
Other Contacts \_\_\_\_\_

Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_  
Fax \_\_\_\_\_  
Email invoices to \_\_\_\_\_

State Sales Tax ID \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
Affiliations & Memberships \_\_\_\_\_  
ASI/PPAI/UPIC/SAGE Other \_\_\_\_\_

<h3 style="text-align: center;">Default Billing Address</h3> <p>Address: _____ _____ City, State, ZIP _____</p>	<h3 style="text-align: center;">Default Shipping Address</h3> <p>Address: _____ _____ City, State, ZIP _____</p>
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Credit Card #1 \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Billing City, State, ZIP \_\_\_\_\_

Credit Card #2 \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Billing City, State, ZIP \_\_\_\_\_

Credit Card #3 \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Billing City, State, ZIP \_\_\_\_\_

**By signing below, you agree that FireSprint Printing is authorized to use these credit card(s) as payment on all purchase orders received from your company unless otherwise requested at the time of each order.**

\_\_\_\_\_  
Authorized Signature Date  
\_\_\_\_\_  
Name/Title of Authorized Signature