

The Castle Press

Credit Card Charge Authorization Form

Company Name: _____

Cardholder's Name: (Please Print) _____

Cardholder's Billing Address:

City: _____ State/Prov.: _____ Zip: _____

Country: _____

Telephone: _____

Job / Invoice No.: _____

Total Amount of Purchase to be charged to my credit card: \$ _____

Type of card: Visa Master Card American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order / invoice. I understand this charge will appear on my credit card statement under the name of The Castle Press and I accept full financial responsibility for payment of this order.

Signature of Cardholder: _____

Date Signed: _____