

Printer Assist

P.O. Box 1533
Palo Alto, CA 94302
Phone No. 650.325.3335
www.printerassist.com

CREDIT CARDHOLDER'S AUTHORIZATION

Please fax or email this form. Fax: 650.887.0413 | accounting@printerassist.com

COMPANY: _____ DATE: _____

FAX: _____ TELE: _____

In lieu of my credit card imprint, I, _____ hereby
(Name of cardholder as shown on credit card)

authorize _____ to charge my _____
(Issuing Carrier/Bank name) (Credit Card Name)

--- _____ --- _____ --- _____
(Credit Card Number) (Expiration Date) CVC code (3digit No. on the back)

My **billing** address _____

Phone (H) (_____) (W) (_____)

By signing below, I authorize Printer Assist to retain my credit card information on file. Payment in full to be made when billed or in extended payment in accordance with standard policy of company issuing card.

Note:

- By signing this form, you are authorizing Printer Assist. to retain your credit card information on file to be used for future purchases. No charge can be made to your account until Printer Assist. has a signed copy of this form, including your billing address, on file.
- You will be invoiced by mail for any charge made to your credit card.
- Unless you have checked the "One Time Only" box, this authorization will expire on the last day of the month of your credit card's expiration, and must be renewed at that time.

One time only. This authorization is for a single charge only in the amount of \$ _____

Invoice No. _____

Signature of Cardholder

Print Name