



**CONFIDENTIAL
CREDIT CARD
AUTHORIZATION**



Please provide all information requested and fax to us at 770-573-4553.

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Card Type: _____ Expiration Date: _____

Card Number: _____ Code: _____

Name on Card: _____

Card Billing Address: _____
(If different than above)

City: _____ State: _____ Zip Code: _____

I, _____, am authorized to provide Chameleon Graphics with the credit card information listed above and request that:

Chameleon Graphics use this credit card for all purchases.

Chameleon Graphics use this credit card for the specific purchase(s) listed below.

Sginature: _____ Date: _____

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____

Invoice #: _____ Amount: \$ _____