

CREDIT CARD AUTHORIZATION FORM

In order for Prime Signs to accept your credit card, we must have this form completed and submitted to us for

·	•	ders that are emailed, taxed or phoned to us.
Business Name		
Physical Business Address		
City, State, Zip Code (Of Your Business,		
Telephone Number		
Credit Card Type: (Check one) ()	Visa () MasterCard () American Express () Discover
Issuing Bank Name		
Card Number		
CVV (3- digit Card Verification Value on back of c	eard)	
Expiration Date		
Cardholder(s) Name (As printed on your credi	it card)	
Billing Address (Where card statement is sent)		
City, State, Zip Code (Where card statement	t is sent)	
prices reflect a 3.0% cash discount, which permission to charge your credit card account and by cardholder and its authorized approvided on this authorization form and a	ch does not apply to credit of count as payment for telept gents. The undersigned card accepts full responsibility fo	of your orders. Please be advised that catalog card purchases. The Cardholder gives Prime Signs none, facsimile and/or emailed purchase orders tholder attests to the accuracy of the information rits correctness. The cardholder is responsible for siness addresses as a condition for ongoing credit
Cardholder Signature	 Date	Amount To Be Charged

Please return via fax to: (916) 283-4763

Prime Signs 925 University Ave, Ste B, Sacramento, CA 95825 877-799-PRIME (7746)