

New Age Reprographics, LLC

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Credit Card Authorization Form

Ι,	, hereby authorize New Age Reprographics, LLC, to
charge my credit card for the amount invoiced.	, hereby authorize New Age Reprographics, LLC, to
Company Name:	
Name as it appears on the card:	
Kind of card: AMERICAN EXPRESS / DISCOVER /	VISA / MasterCard
Credit Card Number:	
Security Code:	
Expiration Date:/	
Credit Card Billing Address:	
Street:	
City:	
State:	
Zip Code:	
Telephone: ()	
Fax: ()	
Email:	_
Cardholder's Signature	Date

ALL FIELDS MUST BE COMPLETED FOR THE AUTHORIZATION TO BE PROCESSED

As the credit card holder, I also authorize New Age Reprographics, LLC to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customer from credit card fraud. New Age Reprographics, LLC will keep all information entered on this form strictly confidential.