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CREDIT CARD PAYMENT AUTHORIZATION FORM

(INTERNAL USE ONLY – SALES REP, PLEASE ATTACH MACHINE RECEIPT TO FORM)

You have requested to pay for your work via our charge card fax system. Pre-payment is a requirement for the services which you requested in the amount \$_____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

FIRST NAME: _____ LAST NAME: _____

COMPANY: _____

PHONE/FAX: (____) _____

TYPE OF CARD: ___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

NAME ON CARD: _____

CARD NUMBER: _____ EXPIRATION _____

CARD BILLING ADDRESS: _____

CARD ZIP CODE: _____ VERIFICATION NUMBER: _____

BY SIGNING BELOW YOU AGREE TO PAY \$ _____ FOR THE WORK 3G GRAPHIC DESIGNS AND PRINTING COMPLETED FOR YOU:

AUTHORIZED SIGNATURE

DATE

THANK YOU FOR YOUR BUSINESS. PLEASE FAX BACK TO (954) 543-4366