

## **CREDIT CARD ON FILE**

## **Step 1: General Information** (Please Print)

Customer Name:							
Address:							
City	_ State:	Zip:	Wo	rk Phone: :			
<b>Step 2: Payment Information</b>							
Credit Card #	#			_ Expiration Date (mm/yy) CVVR#			
Type of Card □ American Express □ Vis	a 🗆 Master	Card					
Name as it appears on Card							
Card Billing Address		City		State	Zip		
Recurring Billing on Credit Card Authorized	? □ Yes □ N	lo					
DESIGNATE TYPES OF PAYMENTS UN	NDER CURR	RENT AGREEN	MENT TO 1	BE CHARG	ED:		
For printing and associated services (i.e., mai	iling, freight, e	etc.)					
Authorized Signature							
Terms and Conditions							
The undersigned hereby authorizes <b>Panaprint</b> , <b>I</b> agreement with <b>Panaprint Inc.</b> to the credit car these payments according to the provisions of the these charges is declined for payment for any refull amounts of the payments according to such a the credit card or <b>Panaprint Inc.</b> is subject to <b>Panaprint Inc.</b> agreement. The undersigned ac appear on its credit card billing statement and tha terms of its credit card account agreement. The payments on the credit card with <b>Panaprint Inc.</b>	rd indicated above applicable agreason, the under greement. The all provisions eknowledges and tit will be oblig	ove. The understanding of the underlyind agrees that the gated to pay that a	igned underst t and <b>Panapr</b> d and agrees erstands and a g agreement dollar amous amount to the	ands and agrint Inc. If the that it remain agrees that a rand to its crut of the fore credit card in	ees that it is making e credit card used for s responsible for the ight to a refund from edit card account or going payments will accordance with the		
Signature				Date:			

Unless otherwise noted, this agreement expires on Dec. 4, 2015.

Please sign and return completed form by email to <a href="mailto:roneal@panaprint.com">roneal@panaprint.com</a> or fax to 478-788-9509 (secured).