



Your "Wide-Format" Printing Specialist
78 North Main Street, Fond du Lac, WI 54935
(920) 922-3592 PH • (920) 922-5104 FX
www.blueprintsolutions.net
"Fast, Friendly Service"

CREDIT CARD AUTHORIZATION FORM

*Company Name: _____

*Phone Number: _____

*Cardholder Name: _____
(exactly as it appears on card)

*Credit Card Billing Address: _____
(where you receive your credit card statements)

*City/State: _____ *Zip Code: _____

*Credit Card Type (check one): Visa Master Card

*Credit Card Number: _____

*Expiration Date (mm/yy): _____

*V-Code (3-digit number located on back of card in signature area): _____

*I hereby authorize BLUEPRINT SOLUTIONS, Ltd. to charge the above credit card for services rendered as described below. The undersigned also agrees to unconditionally guarantee payment of all sums owed pursuant to the issuing credit card agreement and further agrees to its terms regarding venue.

Please retain on file to use for future orders _____

Please use ONLY for this transaction _____

Date of order: _____ Invoice Number: _____

*Authorized Card Holder Signature: _____

*Date: _____

for office use only:

(* denotes required fields)

Thank You! We Appreciate Your Business! ☺