



Credit Card Authorization

**** The hassle-free way to the best rates! ****



Check one: VISA MasterCard Discover American Express

Credit Card Number _____

Expiration Date (required) ____ / ____

Your Name - exactly as is appears on the card (please print) _____

Address Verification (for your security) - Print the address where your credit card bill is sent:

Check one:

- One Time Only** - Check if we are billing your credit card this one time only.
- Every Issue** - Check if we are to bill your credit card the amount due each issue to take advantage of the 'Pay in Advance' discount.
(Note: If we receive a check for full payment prior to the deadline, your credit card will not be billed for that issue.)

Cardholder Signature **X** _____

Return completed form to:

CONCEPT TO PRINT, INC.
Attn: Billing & Finance Dept.
PO Box 825, Gilbert AZ 85299

Billing Office Fax (480) 926-2387 • Billing Office E-mail: annette@concepttoprintinc.com • Billing Office Phone (480) 497-0807

Office Use: Client Account # _____ Company _____