



**CREDIT CARD AUTHORIZATION FORM**

DigiPrint Products Corporation

2730 S. Harbor Blvd. Suite B

Santa Ana, CA 92704

Phone: 1-877-421-2155 • Fax: 714-850-1633

www.DigiPrintProducts.com

terri@digiprintproducts.com

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

CC Type (\*Visa, Mastercard, AMEX, Discover) \_\_\_\_\_

(\*3% Processing fee for all credit cards starting 4-1-2020)

Credit Card Number \_\_\_\_\_

Expiration Date(Month/Year) \_\_\_\_\_

CV#(3 digit # on back of card) \_\_\_\_\_

By signing this Authorization Form, I authorize DigiPrint Products Corp. to charge my Credit Card for Order(s) placed. I understand that I am responsible for making proper arrangements for the pick-up/delivery of my Order(s) in a reasonable time – not to exceed 30 days, and failure to do so will result in DigiPrint Products Corp. charging my Credit Card for the full balance that is owed.

\*3% Processing fee will be added to all payments made with the above credit cards at time of payment.

We accept all major credit cards, cash or check. Fees do not apply to cash or check payments.

\_\_\_\_\_  
CARD MEMBER SIGNATURE

\_\_\_\_\_  
DATE