



Florida's Print Shop
2300 E. Oakland Park Blvd
Suite 200
Ft. Lauderdale, FL 33306
Toll Free: 888.299.5734
Office: 954.745.9015 • Fax: 954.567.5921
www.PrintingInFlorida.com

Credit Card Authorization Form

CARD HOLDER INFORMATION

Company Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard Discover

Card Number: _____ Exp. Date: _____

Card Identification Number: _____

Please reference the picture to the right for the location of this number on your card. (CVV2)

(Visa, Mastercard & Discover: 3 digits on back)



I wish to authorize the purchase of services from Florida's PrintShop, LLC. using this Credit Card Authorization form. I agree that I will pay for this purchase and indemnify and hold Florida's Print Shop, LLC. harmless against any liability pursuant to this authorization. I further understand that my signature on this form will serve as authorized signature on the credit card charge slip. This form must be submitted with a clean and legible copy of the card holder's credit card as well as matching government issued ID. This authorization is valid for a period of (1) one year.

DIRECTIONS: Please fill out all appropriate sections and fax to the number below. Be sure to include a clear legible copy of your credit card(backside) and a copy of a government issued ID matching the cardholder

CONFIDENTIAL

FAX COMPLETED FORM TO : (954) 567-5921

Print Name: _____

Signature: _____

Date: _____