



**CREDIT CARD AUTHORIZATION**

***Please complete the information below and fax to  
APQ printing at 262-251-4026 or email sales@APQprinting.com***

Company Name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: (required) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ( ) security code

VISA \_\_\_\_\_ MC \_\_\_\_\_ DIS \_\_\_\_\_ AMEX \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_ (plus tax)

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*Customers that do not have account with us are required to pay in cash or with credit card 1/2 down when placing order.*

**I hereby authorize APQ printing to charge my credit card for the amount shown above.  
I am the cardholder or authorized signer for the credit card noted above.**

**SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_**