







Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US
All information will remain confidential

By signing below you authorize rapidSIGNS & Circus Tees to charge the amount due on invoice(s) to the card provide herein. I agree that I will pay for the purchases in accordance with the issuing bank cardholders agreement

| | | | |
|---|--------------------------|---|--------------------------|
| Cardholders Name | <input type="text"/> | | |
| Card Billing Address | <input type="text"/> | | |
| City | <input type="text"/> | Zip code | <input type="text"/> |
| Select Credit Card Type | | | |
|  | <input type="checkbox"/> |  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| Cardholders # | <input type="text"/> | | |
| Security Code | <input type="text"/> | | |
| Signature | <input type="text"/> | | |
| Date | <input type="text"/> | | |