

JJ PHOTOCOPY SERVICE, INC.
1545 Wilshire Blvd., Suite 300, Los Angeles, CA 90017
PHONE (213) 484-2282 FAX (213) 484-3852
bsanchez@jjphotocopy.com

CREDIT CARD AUTHORIZATION FORM

CUSTOMER/CARD HOLDER INFORMATION

FIRM NAME:	<input type="text"/>	ACCOUNT #	<input type="text"/>
ADDRESS:	<input type="text"/>		
CITY, STATE, ZIP	<input type="text"/>		
PHONE #	<input type="text"/>	FAX #	<input type="text"/>
CONTACT:	<input type="text"/>		

BILLING ADDRESS-IF DIFFERENT FROM ABOVE

NAME:	<input type="text"/>	PLEASE CHECK ONE
ADDRESS:	<input type="text"/>	<input type="checkbox"/> THIS IS A FIRM ACCOUNT
CITY, STATE, ZIP	<input type="text"/>	<input type="checkbox"/> THIS IS A PERSONAL ACCOUT

CREDIT CARD INFORMATION

CARD #	<input type="text"/>	CVV #	<input type="text"/>
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	(3 Digits # On Back Of Card)	
<input type="checkbox"/> AMERICAN EXPRESS		EXP. DATE	<input type="text"/>
			Month/Year

PRINT NAME AS IT APPEARS ON CREDIT CARD

I wish to authorize JJ Photocopy Service, Inc., using this Credit Card Authorization Form, to charge my/this Firms credit card for all charges incurred including but not limited to services rendered to complete assignments submitted under this account as described by our written instructions. I have been given a price quote and/or fully understand the charges requiring my request to be completed.

The undersigned hereby authorizes JJ Photocopy Service, Inc. to charge the outstanding portion of the account balance (or that specific amount stated below) to the credit card.

DATE: _____	PRINT OR TYPE AUTHORIZED NAME _____	AUTHORIZED SIGNATURE _____
AMOUNT TO CHARGE \$	<input type="text"/>	INVOICE (S) #
PLEASE CHARGE ALL FUTURE ASSIGNMENTS TO THIS CARD.		1. <input type="text"/>
PLEASE INITIAL _____		2. <input type="text"/>
		3. <input type="text"/>
		4. <input type="text"/>
		5. <input type="text"/>
		6. <input type="text"/>
		7. <input type="text"/>
		8. <input type="text"/>