

**Commercial & Consumer:
CREDIT/DEBIT CARD AUTHORIZATION FORM**

* Required information for credit card processing



Customer Information:

*Company Name: _____

Store #: _____

Store Location: _____

*Selection Option: _____ Blanket Approval (Not To Exceed \$_____ Per Month)

_____ Single Approval – Order #: _____
(If you choose this option then an authorization form will need to be signed by the cardholder for every order before the product is delivered)

Credit Card Information:

*Card Type: _____ American Express _____ Visa _____ MasterCard

*Account No #: _____ *Exp. Date: _____

*Cardholder's Name (As it appears on the card) _____

*Card Billing Address: _____

_____ *ZIP _____

*Phone # _____

*email #: _____

How do you want the invoice sent to you?

_____ By Mail (Will use billing address above unless otherwise noted)

_____ By Fax (Please provide Fax # above)

_____ With Product – Used as a packing slip when product is delivered.



I authorize Art Unica digital media LLC to charge purchases for product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by Art Unica digital media LLC.

*Cardholder's Printed Name

*Cardholder's Signature _____ *Date