



CREDIT CARD AUTHORIZATION FORM

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| <p>Instructions:</p> <ol style="list-style-type: none"> 1. Print and complete form. 2. Sign where indicated. 3. Submit by email or fax | <p>Submit to:</p> <p>Kern Valley Printing/Bakersfield Signs Email: kvp@kvprint.com/chris@kvprint.com Fax: (661) 327-2567</p> |
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Keep card on file (Choose one): Yes No

Cardholder Name: _____

Email Address: _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount: \$_____

Credit Card (choose one) MasterCard Visa American Express

Card Number: _____

Expiration Date: _____

Billing Address (where credit card statements are sent)

Cardholder Signature

Date



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Bakersfield, CA 93304
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(661) 336.0854 Bakersfield Signs