



**CREDIT CARD AUTHORIZATION FORM**

<p><b>Instructions:</b></p> <ol style="list-style-type: none"> <li>1. Print and complete form.</li> <li>2. Sign where indicated.</li> <li>3. Submit by email or fax</li> </ol>	<p><b>Submit to:</b></p> <p>Kern Valley Printing/Bakersfield Signs  Email: <a href="mailto:kvp@kvprint.com">kvp@kvprint.com</a>/<a href="mailto:chris@kvprint.com">chris@kvprint.com</a>  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: \$\_\_\_\_\_

Invoice Number: \_\_\_\_\_ (Invoice related to your order)

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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