



CREDIT CARD AUTHORIZATION FORM

DigiPrint Products Corporation

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mike@digiprintproducts.com

Business Name _____

Contact Person _____

Billing Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

Email _____

CC Type (*Visa, Mastercard, AMEX, Discover) _____

(*3% Processing fee for all credit cards starting 4-1-2020)

Credit Card Number _____

Expiration Date(Month/Year) _____

CV#(3 digit # on back of card) _____

By signing this Authorization Form, I authorize DigiPrint Products Corp. to charge my Credit Card for Order(s) placed. I understand that I am responsible for making proper arrangements for the pick-up/delivery of my Order(s) in a reasonable time – not to exceed 30 days, and failure to do so will result in DigiPrint Products Corp. charging my Credit Card for the full balance that is owed.

*3% Processing fee will be added to all payments made with the above credit cards at time of payment.

We accept all major credit cards, cash or check. Fees do not apply to cash or check payments.

CARD MEMBER SIGNATURE

DATE