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# CREDIT CARD AUTHORIZATION FORM

**BUSINESS ADDRESS**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

BUSINESS PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

**CARDHOLDER BILLING ADDRESS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

CARD TYPE:  VISA  MASTERCARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

LAST 3 DIGITS ON BACK \_\_\_\_\_

## PLEASE NOTE

THIS IS TO ADVISE THAT QUALITY SIGNS & ENGRAVING, INC IS AUTHORIZED TO ACCEPT TELEPHONE ORDERS FROM OUR BUSINESS AND CHARGE THE TOTAL COST OF THE ORDER TO MY CREDIT CARD ACCOUNT NOTED ABOVE.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Thank you for your business!*