



**CONFIDENTIAL  
CREDIT CARD  
AUTHORIZATION**



**Please provide all information requested and fax to us at 770-573-4553.**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_  
(If different than above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, am authorized to provide Chameleon Graphics with the credit card information listed above and request that:

Chameleon Graphics use this credit card for all purchases.

Chameleon Graphics use this credit card for the specific purchase(s) listed below.

Sginature: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Invoice #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_