

Ink Direct Corporation

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Huntington Beach, CA 92647
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Credit Card Authorization Form

THE FOLLOWING INFORMATION MUST BE PROVIDED TO PROCESS YOUR ORDER WITH A CREDIT CARD

General Information

Date: _____

Name: _____

Company: _____

Billing Address: _____

Credit Card Information

I AUTHORIZE INK DIRECT TO CHARGE MY CREDIT CARD ACCOUNT FOR THE PURCHASE(S) OF SUPPLIES AND SERVICES. (Mark One)

Visa / Master

Exp. Date

CVC

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AMEX

Exp. Date

CVC

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Issuing Bank: _____

Name On Card (Required): _____

Address of Cardholder: _____

Street

Suite/Apt

City

State

Zip

Cardholder Phone #: _____

Cardholder Fax #: _____

Cardholder Signature (Required): _____

***** Please fax this form back to 866-664-3591 *****