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www.dzinersign.com

1-877-EXPOSE ME

Let us Expose U!

Credit Card Authorization Form

Date: _____
Sent by _____ Attn _____
Company _____
Phone _____ Fax _____
Estimate / Invoice# _____

Please make sure to fill-out all the blanks.

VISA MASTERCARD DISCOVER A/X

Total amount \$ _____

Charge amount (if different) \$ _____

Card Number _____ Exp. ____/____

Customer Code _____

Cardholder's Name _____

Credit Card Billing Address

BY SIGNING THIS SIGNING THIS FORM, I AM AUTHORIZING D'ZINER SIGN COMPANY TO CHARGE THE AMOUNT TO MY CREDIT CARD ACCOUNT CHECKED ABOVE. IN THE EVENT MY ACCOUNT WITH D'ZINER SIGN COMPANY BECOMES DELINQUENT, THE BALANCE WILL BE CHARGED TO THE SAME CREDIT CARD ACCOUNT.

INITIALS

You are authorized to charge my credit card listed above

Signature _____