



801 Seward Street, Los Angeles, CA 90038

www.dzinersign.com

1-877-EXPOSE Me

t 323.467.4467 f 323.467.4494

Let us Expose U!

Credit Card Authorization

Date: _____

Sent by: _____ Attn: _____

Company _____

Phone _____ Fax _____

Estimate | Invoice # _____

Please make sure to fill-out all the blanks

VISA MASTERCARD DISCOVER AMEX

Total amount \$ _____

Charge amount (if different) \$ _____

Card Number _____ Exp. ____/____

Customer Code _____

Cardholder's Name _____

Credit Card Billing Address

By signing this form, I am authorizing D'ziner Sign Co. to charge my credit card account listed above.
In the event my account with D'ziner Sign Co. becomes delinquent, the due amount will be charged to the same credit card account.

INITIALS

You are authorized to charge my credit card listed above

Signature _____

FOR ADDRESS VERIFICATION PLEASE BE SURE ADDRESS MATCHES CARDHOLDER'S BILLING ADDRESS