

CREDIT CARD AUTHORIZATION FORM

PageOne digital

Company: _____ Date: _____

Billing Address*: _____

Billing City, State, Zip*: _____

Telephone #: _____ Fax #: _____

Please sign the below authorization for our records and return to Page One.

I, _____, authorize Page One to use the following credit card for purchases and/or services provided by Page One.

Cardholder: _____

Account #: _____

Expiration Date: _____

Security Code (3 digit on back MC/Visa, 4 digit on front AMEX): _____

Signature:

*Address, city, state and zip code must match the billing statement for the card.

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