CREDIT CARD B I LLING AUTHORIZATION FORM

YOUR COMPANY NAME: NAME ON CREDIT CARD:	
PERSON AUTHORIZING:	
CREDIT CARD TYPE:	❒ Visa ❒ MasterCard ❒ Discover ❒ American Express
ISSUING BANK:	
CREDIT CARD NUMBER:	
CVC NUMBER:	Last 3 Digits from the back of card or 4 digits from face of card
EXPIRATION DATE:	
BILLING ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
PHONE NUMBER:	
FAX NUMBER:	
PLEASE SELECT ONE OF THESE PAYMENT OPTIONS:	❒ Please bill my credit card once for the following amount _____ ❒ Please bill my credit card for each order placed ❒ Please bill my credit card once a month* *(only available after 60 days)

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Ark-La-Tex Color Lab's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts should immediately be reported to Ark-La-Tex Color Lab.

The undersigned is the duly authorized representative of the company stated above:

Authorized Signature_____ Date_____

☑ I understand that entering my name above and checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.