

# CompUbase

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3847 S. Crenshaw Blvd. Los Angeles, CA 90008

323.290.2555 bus. 323.299.8471 fax

## Credit Card Authorization Form

### Customer Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Print Order

Invoice #	Qty	Description	Price
TOTAL			\$

### Credit Card Information

Visa  Mastercard

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

I authorize **COMPUBASE PRINTING** to charge my credit card for the listed product(s).

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Print Name as appears on card: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a photo copy of a current picture Identification Card or Drivers License