



**CREDIT CARD AUTHORIZATION FORM**

**FLORIDA GRAPHIC SERVICES**

1351 N. Arcturas Avenue, Suite B  
Clearwater, Florida 33765  
Email: [lyork@fgs2.com](mailto:lyork@fgs2.com)

Phone: 727-447-9780  
Toll Free: 1-877-447-9780  
Fax: 727-447-9790

COMPANY NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_  
TAX EXEMPTION \_\_\_\_\_

ACCOUNT TYPE (Visa, MC, Amex, Discover) \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_  
SECURITY CODE \_\_\_\_\_

PERSON IN CHARGE OF ACCOUNT PAYABLES \_\_\_\_\_

I, \_\_\_\_\_, OF \_\_\_\_\_

AUTHORIZE Florida Graphic Services to charge to my Credit Card for payment on  
Invoice # \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

