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### **Payment By Check Information**

Name on check (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

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

Pursuant to Florida Law, Statute 68.065, returned checks will be subject to a surcharge of \$25.00 or an amount of up to 5% of the check, whichever is greater. Additionally, you may be liable in civil action for triple the amount of the check.

**Please sign below if you accept the terms and conditions stated herein. PHOTO COPY OF DRIVERS LICENCE MUST BE SUBMITTED ALONG WITH CHECK INFORMATION.**

### **Payment By Credit Card Information**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please include a signed and dated copy of your current Florida Annual Resale Certificate.**

We would like to thank you for choosing Florida Graphic Services for your wholesale printing needs. We are delighted to serve you.