



NEW WORLD GRAFX, INC.
 5600 Argosy Avenue
 Huntington Beach, CA 92649
 (877) 842-6842 TOLL FREE & FAX
 (562) 896-4214 LOCAL
 cs@nwgrafx.com

CREDIT CARD AUTHORIZATION

LARGE FORMAT FILM • GUARANTEED LOWER PRICES • QUICK TURNAROUNDS • QUANTITY BREAKS AVAILABLE • MAC OR PC

PLEASE COMPLETE IN FULL AND FAX TO (877) 842-6842

INCOMPLETE APPLICATION MAY DELAY PROCESSING. INCLUDE A PHOTOCOPY OF THE FRONT AND BACK TO THE REFERENCED CREDIT CARD.

COMPANY NAME: _____ DBA: _____ NEW UPDATE

BILLING ADDRESS: _____ DATE: ____/____/____
(Address where Credit Card Bill is mailed)

CITY, STATE, ZIP: _____ PHONE NUMBER: (____) _____

SHIPPING ADDRESS: _____ FAX NUMBER: (____) _____
(If different than address above)

CITY, STATE, ZIP: _____ E-MAIL: _____

@ _____

CREDIT CARD AUTHORIZATION

I hereby authorize New World Grafx, Inc. to use my credit card for purchases made from New World Grafx, Inc. I understand that my credit card will be charged before goods will be released. This agreement will be in effect unless and until revoked by signer on credit card account.

Please note that credit card sales do not qualify for a cash discount.

CREDIT CARD #: _____ Visa Mastercard American Express (Check One)

ISSUING BANK: _____ EXPIRATION DATE: ____/____ SECURITY CODE: _____
(3 or 4 digit code)

CARD HOLDER SIGNATURE

NAME ON CARD: _____ DATE: ____/____/____
(Name as it appears on card)

SIGNATURE: _____ Title: _____

Check here if you would like to use this Credit Card for payment on **every** order you place with New World Grafx, Inc.

AUTHORIZED USERS

The following persons, if any, are authorized to use this credit card account on my behalf:

I understand that I am obligated to notify New World Grafx, Inc. If there are **any** changes in authorized users. I further understand and agree that my credit card account will be charged in the event former authorized users use the card, unless I notify New World Grafx, Inc., in writing, of changes in authorized users.

SHIPPING AUTHORIZATION

Shipments will be made to the Shipping Address shown above **only**. Additional drop ship addresses for this account must be listed on a separate credit card authorization form, signed by the authorized primary card holder shown above, dated and submitted with this application, or separately.

NOTE: This application will be valid only during the valid date of credit card and must be renewed upon expiration date.

FOR OFFICE USE ONLY CREDIT CARD VERIFIED BY: _____ DATE: ____/____/____

SERVING THE LOS ANGELES AND ORANGE COUNTY AREA SINCE 1991.