



228 East 45th Street NYC, NY 10017  
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## Credit Card Authorization Form

In order for Graphic Lab Inc. to accept and bill your credit card, please complete the information below:

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip of Card: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type: Amex [ ] Mastercard [ ] Visa [ ] Discover [ ]

Card holder Name (as shown on credit card): \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Amount of Charge: \_\_\_\_\_

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**Please check the appropriate box:**

- One Time Use: I hereby authorize Graphic Lab Inc. to charge the indicated credit card amount above. This is a one-time charge authorization. I understand that if I want Graphic Lab Inc. to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.
- Recurring Billing: I hereby authorize Graphic Lab Inc. to charge the indicated credit card on periodic basis for the amount due on products and/or services that was provided. This Recurring Payment Authorization/ Periodic Charge shall remain in force until cancelled by me in writing.

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