



Credit Card Authorization Form

I, the undersigned, authorize the use of my credit card for charges incurred at Dimensional Letter & Logos. I agree that the billing information is valid and that I am the authorized cardholder for the credit card stated in this form.

Date: _____

Company Name & Address: _____

Phone # : _____ Email: _____

____ VISA ____ MASTERCARD ____ AMEX ____ DISCOVER

Card # _____

Expiration Date _____

CV2 (security code) _____

Name as it appears on card: _____

Signature of cardholder: _____

****Your credit card will be charged upon completion and shipment of your order****

Please fill out and fax to 469-952-2010

