



VISION GRAPHICS

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ACCOUNT MANAGER: LANDON TIMOTHY



## CREDIT CARD PAYMENT AUTHORIZATION FORM

(Signing of this form authorizes the charging of orders and the assessing of additional fees as per the Order Confirmation)

ORDER NUMBER / NAME: \_\_\_\_\_

### CREDIT CARD INFORMATION (REQUIRED)

CORPORATE     PERSONAL

BILL TO NAME (AS SHOWN ON CARD): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CARD TYPE:

VISA     MASTERCARD     AMEX     DISCOVER

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT TO BE CHARGED: \_\_\_\_\_

*By submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you.*

AUTHORIZED SIGNATURE: \_\_\_\_\_

ORDER CANNOT BE PROCESSED WITHOUT SIGNATURE

(PLEASE SIGN OR TYPE IN FULL NAME)

(OR INSERT DIGITAL SIGNATURE FILE)