



strategic integrated solutions

DIGITAL & OFFSET PRINT SOLUTIONS
ONLINE SERVICES · DIRECT MAIL

CREDIT CARD AUTHORIZATION

Instructions

1. Complete the form by printing legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax this form, along with photocopy of the signed credit card, to our secure fax machine at **1-210-599-0440**.

I, _____, hereby authorize The Watermark Group, Inc to charge my credit card as full payment for products and services (including shipping and/or taxes, if applicable).

TOTAL AMOUNT TO CHARGED TO CREDIT CARD \$ _____

Invoices to be paid: (please provide detail to insure your account is properly credited)

Invoice No. _____	\$ _____	Invoice No. _____	\$ _____
Invoice No. _____	\$ _____	Invoice No. _____	\$ _____
Invoice No. _____	\$ _____	Invoice No. _____	\$ _____
Invoice No. _____	\$ _____	Invoice No. _____	\$ _____

Type of Card: VISA MasterCard American Express Discover

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVC Code (last 3 digits on the number on back of card) _____

Please Print:

Company Name _____

Name (as it appears on card) _____

Credit Card Billing Address: _____

City _____ State _____ Zip _____

Signature: _____ Date: _____

As the credit card holder, I also authorize The Watermark Group, Inc. to keep my credit card information on file and charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ / _____ Initial Here: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. The Watermark Group, Inc will keep all information entered on this form strictly confidential.