



Credit Card Authorization

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Blanket Authorization

One Time Authorization

Company Name _____

Company Address _____

City / State / Zip _____

Telephone Number _____

Fax Number _____

Credit Card
(Circle One)

Master Card

Visa

Credit Card Number _____

CID _____

Expiration Date _____

Name on Card _____

Billing Address _____

City / State / Zip _____

Telephone Number _____

I certify that I am an authorized signer on the above mentioned account and authorize The Imperial Image, Inc. to process charges associated with my order, including applicable tax and shipping, against the account listed above.

Authorized Name
(Please print) _____

Authorized Signature _____

Date _____

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