



Print, complete, and fax completed form using this secure fax number:
616-241-2964

Authorization to Charge Credit Card

Customer Information

Project Manager/Sales Representative: _____

Company or Customer Name: _____ Customer Code: _____

Title of Book: _____ CHG Invoice or Job #: _____

Payment Amount

Payment Amount \$ _____ *2.5% Convenience Fee \$ _____

Total Amount to Charge \$ _____

Credit Card Information

Name as it appears on Credit Card Statement: _____

Address as it appears on Credit Card Statement: _____

City: _____ State: _____ Zip: _____

Credit Card Type: Visa Mastercard Discover

Credit Card Number: _____

Expiration Date: _____ 3-Digit Code on Back of Card: _____

Authorizing Cardholder Signature

I authorize Color House Graphics, Inc. to charge the credit card listed above. I agree to pay above total amount in accordance with the card issuer agreement.

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____

Email Address: _____

For Office Use Only

Use Card on File	Last 4 Digits		Today's Date:
Email Attached			CSR:
Reason:		Apply Amount	Job #
Deposit <input type="checkbox"/>			
Prebill: <input type="checkbox"/>			
Final: <input type="checkbox"/>			
	TOTAL AMOUNT		

**Color House Graphics, Inc. will waive any convenience fee paid by credit card for an invoice with total charges of less than \$1,500. If payments by credit card are made on invoices with total charges of \$1,500 or more, a 2.5% fee for the convenience of paying through a third party will be applied to the invoice.*