



## Automatic Credit Card Billing Authorization Form

Please complete the Credit Card information section below and sign the form. All information is required! We will automatically bill your credit card for the amount outstanding and due for orders placed from our Online Plan Room and any other services rendered.

### Customer Information:

Customer Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Payment Information:

I authorize All Valley Reprographics & Plan Room, Inc to automatically bill the card listed below for any services rendered:

Amount: As Specified at time of services

Charges will occur once the order or services are rendered.

### Credit Card Information:

Credit Card Type:  American Express  
 Discover  
 MasterCard  
 Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

3-Digit Security Number: \_\_\_\_\_

Cardholder's Billing Zip Code: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_