



Perimeter Digital Imaging Credit Card Authorization

Digital Image Printing • Equipment Supplies, Sales & Service

Company Name: _____

Phone Number: _____ Ext: _____



Card Number:

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Expiration Date:

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--	--	---	--	--

 Card Type:

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 Security Code:

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Credit Card Holder: _____

Credit Card Billing Address: _____

City: _____, State _____ Zip _____

Card Holder Phone Number: _____

Persons Other Than Card Holder Authorized To Use Credit Card For Purchases:

1.) _____ 2.) _____

3.) _____ 4.) _____

This Authorization Applies To: This Order ONLY! Future Orders

I, the card holder understand this information will be kept in strict confidence with Perimeter Digital Imaging. Further I give authorization to Perimeter Digital Imaging to charge purchases to the above credit card without my card being present. I also understand that all print orders and or supplies not picked up with in 14 days of ordering will be shipped to the above address and shipping cost will be added to the order and charged to the above credit card.

Card Holder Signature: _____ Date: ____/____/____

Fax this completed form to 770/ 734-0616.

****Please note a new authorization needs to be completed each time the card expires.****

5150 Peachtree Industrial Blvd.
Suite 100 - Corners North Business Center
Norcross, Georgia 30071

Phone: 770/ 734-9212