

# USCOLORWORKS

## CREDIT CARD AUTHORIZATION FORM



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

FOR INTERNAL USE ONLY

In lieu of my credit card imprint, I, \_\_\_\_\_  
(Name of Cardholder exactly as shown on credit card)

hereby authorize US Colorworks to charge the following orders to the card below.

The current order only (form will be shredded within 30 days of processing)

Order # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Future orders (this form will be kept on file)

### Credit Card Information:

VISA  Master Card  American Express  Discover

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

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

Security Code: \_\_\_\_\_

### Billing Address:

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

City / State / Zip \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

By signing below and submitting for payment, I acknowledge acceptance of the terms and conditions. I also agree to waive any charge-back rights. In the event of a dispute or refund request, I will contact US Colorworks directly at 888-710-0488 and will submit all order documentation in accordance with standard policy of company issuing credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Exactly as shown on credit card)

**This form must be completed in full and all information must be true and correct in order for your payment to be processed.  
Please email completed form to [ORDERS@USCOLORWORKS.COM](mailto:ORDERS@USCOLORWORKS.COM)**

FOR INTERNAL USE ONLY: INFORMATION ON THIS FORM MUST BE KEPT IN A SECURE LOCATION AT ALL TIMES. DO NOT TRANSFER OR TRANSPORT WITHOUT PRIOR AUTHORIZATION. DESTROY PROMPTLY BY SHREDDING WHEN NO LONGER NEEDED.

**ORDERS@USCOLORWORKS.COM**  
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