



### 4S Graphics, Inc

764 NW 57th Court, Fort Lauderdale, FL 33309

Phone : (954) 493.6484

Fax : (954) 727.2822

eMail : accounts@4sgraphics.com

Web : www.4sgraphics.com

## Credit Card Authorization Form



I, \_\_\_\_\_, hereby authorize **4S Graphics, Inc.** to charge my credit card for the amounts invoiced.

Name on the Card :

Credit Card Type :  American Express  Discover  Visa  MasterCard

Credit Card Number :

Expiration Date : Security Code :

Company Name :

### Credit Card Billing Address

Street :

City :

State :

Zip Code :

Fax or eMail :

I as the credit card holder, I also authorize and  **APPROVE**  **DISAPPROVE**, **4S Graphics, Inc** to charge my credit card for future purchases verbally (or written) approved by me.

Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued customers, from Credit card fraud.

**4S Graphics, Inc.** will keep all information entered on this form strictly confidential.



You can also email us your payment to [info@4sgraphics.com](mailto:info@4sgraphics.com)  
Login to your account at [www.Paypal.com](http://www.Paypal.com) and click on SEND MONEY.