



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX		
TYPE OF ACCOUNT	PERSONAL ACCOUNT			BUSINESS ACCOUNT	
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD

NAME OF CREDIT CARD					
NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
IDENTIFICATION					
RELATION TO OWNER					
TYPE OF CHARGES					
AUTHORIZED AMOUNT					
DATES OF CHARGES					

AUTHORIZATION OF CARD USE

I _____, Authorize Gelberg Signs to Charge my Credit Card in the Amount of \$ _____ as an initial deposit required as per (Quote/Deposit Invoice#) _____. I also authorize the balance of the amount due to be charged to this same credit card upon shipment, delivery or installation in the amount of \$ _____ plus any additional applicable taxes. If Tax Exempt, please send a copy of your Tax Exempt Certificate with this form.

CARDHOLDER NAME			
SIGNATURE		DATE	