



519 Eighth Avenue
 18th Floor
 New York, NY 10018
 (212) 627-1500 **T**
 (212) 627-2520 **F**

Office Use Only	
Date Received	<input type="text"/>
Customer Name	<input type="text"/>
Job Number	<input type="text"/>

Please fill out, scan / email to: credit@sheerprintsolutions.com
 or fax back to us at 212.627.2520

CREDIT CARD AUTHORIZATION FORM

	Date: <input type="text"/>
CUSTOMER INFORMATION	
Customer's Name: <input style="width: 95%;" type="text"/>	
Customer's Phone#: <input style="width: 95%;" type="text"/>	
CREDIT CARD INFORMATION	
Name As Appears On Card: <input style="width: 95%;" type="text"/>	
Card Billing Address: <input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	
Credit Card Type: <input style="width: 95%;" type="text"/>	
Credit Card Number: <input style="width: 95%;" type="text"/>	
Card Expiration Date: <input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	
Any Restrictions*: <input style="width: 95%; height: 40px;" type="text"/>	
<p>This is to acknowledge that I give Authorization to Sheer Print Solutions to charge my Credit Card for the abovenoted invoice(s).</p> <p>Credit Terms: 50% at inception of order, balance C.O.D. when shipping. Shipping and messenger charges are additional.</p>	
Signature: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

Please contact **Frank Torres**, Comptroller at 212.627.1500 x13 if you have any questions. Thank you.