



Movement Printing
1905 5th Ave S,
Saint Petersburg, Florida 33712
727-248-0752

CREDIT CARD AUTHORIZATION

Type of Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits on the number on the back of the card) _____
(AMEX CVC is 4 digits on front of card above credit card number)

Credit Card Billing Address

Credit Card Billing Address must Match Exactly
to address your credit card statement is mailed to.

Shipping Address

Check box if shipping information is same as Billing Information

Company Name: _____

Company Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

Name On Card _____

Cardholder's Signature _____

Date _____

Company Information:

Authorized Purchaser _____ Contact _____

Accounts Payable Contact(s) _____ Contact _____

Special Billing Instructions: _____

Type of Business: Sole Proprietor Partnership Corp./Private Held Corp./Public Held

List of Owners/Officers:

Name	Title	Contact
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Services Information:

Primary Product Service _____

Estimated Monthly Services _____

Individual/Joint Personal Guarantee

I/We, _____ at _____ for and in
Name(s) (Owner Address)

consideration of your extending at our request for credit card payment/ check acceptance terms to

_____ (Hereinafter referred to as the "company"), hereby personally
(Company Name)

guarantee to you the payment at Movement Printing, my obligation of the company and we hereby agree to bind ourselves to pay to you on demand any sum which may become due to you be the company whenever the company shall fail to pay the same. It shall be understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is understood that should my/our company become delinquent in payment, Movement Printing will charge and undersigned does hereby agree to pay reasonable attorney's fees, a late charge of 2%, service charge of 1.5% per month, and all other cost and expenses which may be incurred by Movement Printing in the enforcement of the guarantee. This guarantee shall bind our executors, administrators and assigns, and shall remain in force and offset unless and until cancelled by notice sent to you by registered mail, in which case it shall then be binding as to any balances still owing and outstanding as of the date or your receipt of such registered notice.

Print _____

Signature _____ Date _____

Print _____

Signature _____ Date _____

Please e-mail to orders@movementprinting.com

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential by Movement Printing.

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