



Merlin Printing Inc.
215 Dixon Avenue
Amityville, NY 11701

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting our accounting department. This authorization will remain active until further notice.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____ Security Code: _____	
Credit Card Billing Address:	
Street: _____	
City: _____ State: _____ Zip Code: _____	
Contact Information:	
Email address (for receipts): _____ @ _____	
Phone Number: (_____) _____ - _____	

I, _____, authorize Merlin Printing, Inc. to charge the credit card above for agreed upon purchases. I understand that my information will be saved for future transactions on my account.

Customer Signature

Date

*** Please return completed forms one of the following ways:

- Via email to: julia@merlinprinting.com
- Via fax: (631) 789-6067, ATTN: Julia
- Directly to your salesperson