

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Customer Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Please fax completed form to: Coral Graphic Services, Inc. at 516-576-2117  
or can be emailed to [ar@coralgraphics.com](mailto:ar@coralgraphics.com)**

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We agree that any disputes regarding the manufacture, delivery, quality and any other issues regarding **Coral Graphic Services, Inc.** will be dealt with between the above mentioned company (the "Customer") and **Coral Graphic Services, Inc.** We agree that no chargebacks will go through the credit card Company. Credit Card processing fees of 3% may be in addition to the invoice amount.

We hereby authorize **Coral Graphic Services, Inc.** to debit our

Visa/MasterCard/Discover Account Number: \_\_\_\_\_

Card Verification#/Security #: \_\_\_\_\_

Name on Visa/MasterCard/Discover \_\_\_\_\_

Expiration Date on the Card: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

As payment for \_\_\_\_\_

Invoice(s) \_\_\_\_\_ Purchase Order #'s \_\_\_\_\_

Plus sales tax of \_\_\_\_\_ for a total debit amount of \$ \_\_\_\_\_

**\*If you are tax exempt, please forward a Tax Exemption Form to Coral Graphic Services, Inc. If you do not submit a form you will be charged sales tax!**

\_\_\_\_\_  
Corporate Officer (Signature)

\_\_\_\_\_  
Corporate Officer (Print)

\_\_\_\_\_  
Corporate Officer Title

Date \_\_\_\_\_

Coral Graphic Services, Inc. use only:

Credit Card Payment Authorization \_\_\_\_\_

Authorization Approval Number \_\_\_\_\_

Date of Approval Received \_\_\_\_\_

Initials of Processor \_\_\_\_\_