

Please fax back to Publishers' Graphics
Tel: 630.221.1850
Fax: 630.221.1870

AMEX CHARGE CARD AUTHORIZATION FORM

IS THIS A BUSINESS/CORPORATE CARD? ____YES ____NO

IF YES, PLEASE FILL IN 4 DIGIT ACCESS CODE_____

Dear Customer,

The following information is required regarding your American Express Credit Card Transaction. Missing information will delay processing.

AMERICAN EXPRESS ACCOUNT NUMBER:

_____/_____/_____

Expiration date ____/____ Four Digit Code located at upper right of number: ____

Name in which card is issued: _____

Billing Address of charge card: please specify home or business

NOTE: THIS IS THE ADDRESS THAT SHIPMENTS WILL BE SENT UNLESS PRE-AUTHORIZATION IS OBTAINED WITHIN 24 HOURS (not to exceed 24 hours) OF SHIPMENT (call the telephone number on the back of the card for authorization) PG shipping/receiving dept: Contact AMEX at 800.528-2121 for authorization number to confirm ship to address is same as billing or approval given to ship to other than AMEX billing address

NOTE TO ACCOUNTING DEPT. Process card then call above number to verify bill to address

Telephone: _____ Fax: _____

AUTHORIZED SIGNATURE: I give Publishers' Graphics authorization to charge the amount below as indicated.

DATE: _____

TELEPHONE/INTERNET ORDER

Print name: _____ title: _____

Invoice# _____

Invoice# _____

Invoice# _____

Invoice# _____

Total Amount Paid: \$ _____

Please fax back completed form to Cathie Hoffmann
Publishers' Graphics – Fax: 630.221.1870