



## CREDIT CARD AUTHORIZATION FORM:

### Company Information:

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Cardholder Information:

Cardholder name: \_\_\_\_\_

Cardholder complete billing address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Visa  MasterCard  American Express  Discover

### Credit Card Number:

-  -  -

Expiration date:  /  Card Security Code\*

\*In the signature box on the back of the card, you should see either the entire 16-digit credit card number or just the last four digits followed by a 3-digit code. This 3-digit code is your Card Security Code. If you have an AMEX you will have a 4-digit code most likely on the front of the card.

**\*IMPORTANT:** By signing this form you authorize Launchmark to charge and keep your credit card on file for future product orders or services. Please note that Launchmark, Inc. will appear on your bank or credit card statement.

\*Please note that all payments are final. If client is unsatisfied with the product, Launchmark will only provide a discount on a reorder of the same or similar product. All files will be printed as is and Launchmark is not responsible for any typos, graphical errors or damaged files. All files must be submitted in CMYK color format for press. We accept the following file formats TIF, TIFF, JPG, EPS, PNG, AI, PSD, and PDF.

Please fax us a visible copy of the credit card (front and back) along with this form to 1-866-770-9973.

Signature \_\_\_\_\_ Date \_\_\_\_\_