

Credit Card Authorization

Please complete the information below:

I _____ hereby authorize Richmond Paper & Ink to use the following Credit Card information to charge purchases made with Richmond Paper & Ink.

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Credit Card Type (Check One): <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number: _____ - _____ - _____ - _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____
Expiration Date: ____ / ____
Credit Card Holder's Name (Print): _____
<i>(Exactly as it appears on the credit card)</i>

Card Holder Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for multiple purchases until I indicate otherwise. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.