



Credit Card Authorization Form

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Date: _____

Company Name: _____

Phone Number: _____

Credit Card Number: _____ - _____ - _____ - _____

Note: If you prefer, for security purposes, you may complete this form with only the last 4 digits and follow up by calling us at 717.612.0340 to provide the remaining information.

Check One:



Security Code: _____ (back of Visa & MasterCard - front of Amex)

Expiration Date: month _____ year _____

Card Holder Name: _____

(as it appears on Card)

Card Holder Signature: _____

Required

Credit Card Billing Address: (street, city, state, zip)

_____ **Charge final amount to card** (plus freight and taxes)

Note: Receipt and final invoice will be emailed.

Instructions:

Please print and fill out the above form completely. Sign where indicated and submit via email to invoices@kestonedisplays.com or fax to **717.612.0349**.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.

Keystone Displays will keep all information entered on this form strictly confidential.

Credit Card Authorization Form. rv. 09.14