



INNOVATIVE INKS

YOUR SILKSCREEN AND EMBROIDERY SOLUTION

CreditCard Authorization Form

Discover Visa Master Card AMEX

Credit Card #: _____

Expiration Date: _____

CVV #: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Description of Sale: _____

We Authorize Innovative Inks to apply \$ _____
for Order/Invoice # _____ (+ Freight Charges) to our Credit Card

Terms. In signing below, you are authorizing us to use this credit card for the order/invoice stated above. You are authorizing Innovative Inks to perform the work as stated in the said invoice therefor you can NOT do a charge Back. Any dispute will have to be handled outside the realm of a charge back.

Cardholder Signature: _____

Company Name: _____