



THE LIGATURE
Leader in Print Communication

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Phone 323.585.6000
Fax 323.923.2327
www.theligature.com

Sales Representative: _____ **And / or CSR:** _____

Credit Card Authorization Form

I authorize The Ligature to process payments by charging the following credit card:

Name of Company _____

Billing Address _____

Phone Number _____

- Please check box for one-time authorization
- Please check box for use on file for future orders

Credit Card Information

Visa / MasterCard / AMX

(Please circle one)

Credit Card # _____ Expiration _____

Security: _____

Name on Credit Card: _____

E-mail receipt to: _____
(Please provide e-mail address)

<u>Document Number</u>	<u>Amount</u>
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(Estimate is not a final amount. Tax and Freight may not be included)

Name _____

(Please Print)

Signature _____ Date: _____

Please Fax this completed form to (323) 923-2327

While email is fast and convenient, it is not entirely secure and may be intercepted by third parties. Under no circumstance should a full credit card number be e-mailed in the text of an e-mail or within an attachment of an e-mail.