

CREDIT CARD AUTHORIZATION

This serves as your authorization for O'Neil Printing to process invoices for the items and amounts described below, on the credit card designated below:

Invoice # _____

Remittance Amount \$ _____ *Subject to our normal terms and conditions.*

Or, I authorize O'Neil Printing, Inc. to charge all future invoices to the credit card named below, until further notice. Please initial here if you wish to authorize this action: _____

Name on Account _____
Please print name exactly as it appears on the card.

Billing Address _____

Please fill in the information below for the account to use:

| | Account Number | Expiration Date |
|------------------|----------------|-----------------|
| Visa | _____ | _____ |
| MasterCard | _____ | _____ |
| American Express | _____ | _____ |
| Discover | _____ | _____ |

Signature of Above Account Holder

Date