



DICKINSON PRESS INC.
5100 33rd St. SE, Grand Rapids MI 49512
616-957-5100

Credit Card Authorization Form

Customer Information

Customer Name _____

Address _____

Customer Account Number _____

Credit Card Information

I hereby authorize Dickinson Press Inc. to charge my MasterCard / Visa (circle one):

Card Number _____

Expiration Date (MM/YY) _____

Security Code _____

(Three digit code located on the back of the card)

Name on the Card _____

Billing Address _____

Contact Phone Number _____

Invoice or Job Number; or Job Title _____

Payment Amount \$ _____

Plus 2.5% Processing Fee \$ _____

Total Charge Amount \$ _____

Signature _____

Date _____

Would you like a receipt for this transaction? ___ Yes ___ No

Please fax the completed form to Sharon Allen at 616-818-4431 or Pat TerBeek at 616-818-4421. You may also scan and email this form to Sharon at Sharon.Allen@dickinsonpress.com, or Pat at Pat.TerBeek@dickinsonpress.com. If you have any questions Sharon can be reached at 616-818-4430, and Pat at 616-818-4421.