

SUNRAY PRINTING SOLUTIONS INC.
25123 – 22ND AVENUE
SAINT CLOUD, MN 56301
320 253-8808 (PHONE)
320 257-2632 (FAX)



CREDIT CARD AUTHORIZATION FORM

DATE: _____

CUSTOMER NAME: _____

CREDIT CARD TYPE: _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

CREDIT CARD # _____

EXPIRATION DATE: _____ 3 DIGIT CODE: _____

AMOUNT \$ _____

CARD HOLDER SIGNATURE: _____

By Checking this Box you are authorizing Sunray Printing to KEEP THE CREDIT CARD INFORMATION PROVIDED ON FILE FOR FUTURE ORDERS

By providing credit card information and signature, the cardholder hereby authorizes Sunray Printing Solutions to process a transaction in the amount shown.

***Please complete and return form via fax to: Steve Minter @ 320-257-2632**

Note: a faxed or e-mailed copy will serve as an original document

Contact the Sunray Credit Department for further information or questions;
320 257-2613 or email sminter@sunrayprinting.com