



CREDIT CARD AUTHORIZATION

Michelle@CreativeChip.com
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www.CreativeChip.com

Type of Credit Card: Visa MasterCard American Express

Name on Card: _____

Name of Corporation: _____

Billing Street Address: _____

Billing City, State, Zip: _____

Card Number: _____

Expiration Date: _____ Code on Back of Card: _____

Name of Job or PO#: _____

Amount Authorized: \$ _____

- I want to pay my 50% deposit now and final balance upon completion including any overs, shipping, and additional incurred charges
- I want to authorize the full amount of my final invoice including any overs, shipping costs, and additional incurred charges
- I want to only authorize my 50% deposit and I will provide a different payment method for my final balance prior to shipping

I hereby authorize CreativeChip Designs, Inc. to debit my credit card in the amount listed above.

Signature: _____

Printed Name: _____

Please fill out and email to Michelle@CreativeChip.com