CREDIT CARD AUTHORIZATION FORM

Please complete this form to authorize **Jenni Bick Bookbinding, Inc.** to charge the credit card listed below. When completed, please return this form via email to **info@jbcustomjournals.com** or via fax to **+1 508 696 7243**.

NOTE: This is an interactive PDF form. After opening in Adobe Acrobat (or similar program), complete form by simply typing in each field. Then save and email us your completed form. You may also print this form, write clearly with black ink, then fax or scan and email it back to us.



Order Information:

Order/Quote Number or Description

Comments or Additional Instructions

Billing Informatio Name on card	n:		Shipping Inform	ation: (if differe	nt from billing)
Company			Company/Attn		
Billing Address		suite, box, etc.	Shipping Address		suite, box, etc.
City		State	City		State
Zip Code	Country		Zip Code	Country	
Phone	Email		Phone	Email	
Credit Card Inform	mation: Card Number			Exp. Date / MM YY	Card Code
"I,			, hereby authorize Je		
my credit card account in the amount of \$			for the products and / or services listed above, applicable		
taxes and S/H charges. I agree to be bound by the <u>terms and conditions</u> (click to view) for this transaction, and I understand the					
sales policy of Jenni Bick Bookbinding. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms agreed upon."					
By signing and dating this merchandise, services, taxe	form you give us per	rmission to debit your acc	ount for charges outlined o	above. These charges	
Cardholder Signature (to	add digital signature, s	ee PDF software's HELP secti	on) Today's Date MM DD	/	