

Credit Card Authorization Form
Packrat Comics
3864 Lattimer Street, Hilliard, Ohio 43026
www.packratcomics.com
(614) 527-8450

DATE: _____ CARD TYPE: VISA M/C AMEX DISC

CARD HOLDER (name as it appears on card): _____

CARD NUMBER: _____

EXP. DATE _____ CVV2 CODE: _____

CARD HOLDER BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

BILLING/SHIPPING CYCLE (SELECT ONE IN STORE PICK UP IS MONTHLY):

WEEKLY: _____ BI-WEEKLY: _____ MONTHLY: _____

I agree to pay the total amount billed by Packrat Comics, LLC according to the card issuer agreement.

SIGNATURE: _____

PRINTED NAME: _____