



PrintScan

Fingerprinting & Background Screening Resources

Print Scan – 631-782-1700 – www.printscan.com

CREDIT CARD AUTHORIZATION FORM

(Please email to: kristen@printscan.com)

A) Cardholder's Name: _____

B) Company Name: (if applicable) _____

C) Credit Card #: _____ **Expiration:** _____

D) Amount Charged: _____

E) Zip Code this Card is Billed to: _____ **Security #:** _____

(Amex – 4 Digit)

(MC/V – 3 Digit)

Please complete **EITHER** 1 or 2 below:

1) The signature below authorizes Print Scan to process a charge as stated above. (Complete A-E)

Authorized Signature: _____

Title: _____ **Date:** _____

2) The signature below authorizes Print Scan to automatically process a charge as invoices are rendered until cancelled in writing. (Complete A-C & E)

Authorized Signature: _____

Title: _____ **Date:** _____