



CREDIT CARD PAYMENT AUTHORIZATION

DATE: _____

I _____ HEREBY AUTHORIZE THIS CARD TO BE USED FOR THE DEPOSIT AND/OR FINAL PAYMENT FOR INVOICE(S) _____ .

CHECK ONLY ONE:

AS THE INDIVIDUAL CARDHOLDER, I HEARBY AUTHROIZE THIS CARD TO BE USED FOR THE PAYMENT REQUIRED.

AS THE COMPANY REPRESENTATIVE, I HEARBY AUTHROIZE THIS CARD TO BE USED FOR THE PAYMENT REQUIRED.

COMPANY NAME: _____ PHONE: _____

CARDHOLDER NAME (AS IT APPEARS ON CARD) _____

BILLING ADDRESS: _____
STREET

CITY/ST

ZIP CODE

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS ___ DISCOVER

CARD # _____ SECURITY CODE: VISA/MC 3 DIGITS ON BACK _____
AMEX 4 DIGITS ON FRONT _____

EXPIRATION DATE _____ CARD BILLING ZIP CODE _____

I, THE UNDERSIGNED HEREBY STATES THAT THE ABOVE DESCRIBED CREDIT CARD IS IN MY NAME AND THAT I AUTHORIZE ITS USE TO PURCHASE PRODUCTS FROM SPECTRUM SIGNWORKS, LLC. I AGREE ANY REFUND WILL BE DONE AS IN HOUSE CREDIT AS NOTED ON THE ESTIMATE AND NOT BACK CHARGE CREDIT CARD. ACCEPTANCE OF THIS QUOTE OBLIGATES CUSTOMER TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY'S FEES AND COURT COSTS WITH LITIGATION BROUGHT ONLY IN COLLIER COUNTY, FLORIDA.

CARDHOLDER OR COMPANY REPRESENTATIVE SIGNATURE: _____

DATE: _____

FAX OR EMAIL FORM BACK TO: FAX: 239-908-0507 OR EMAIL: info@spectrumsignworks.com

Spectrum Signworks, LLC

1474 Rail Head Blvd Naples, FL 34110 PHONE: 239-908-0505