

# Journal Graphics

Commercial Printers

2840 NW 35th Avenue, Portland Oregon 97210

Phone 503-790-9100

**PLEASE FAX FORM TO 503-790-9043**

This is to authorize Journal Graphics, Inc. to charge the following credit card:

Customer Account Name if different than name on Card \_\_\_\_\_

Name on Card \_\_\_\_\_ Dollar Amount

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**ALL INFORMATION MUST BE FILLED IN TO PROCESS CREDIT CARD**

**Billing Address (address where credit card bill is sent)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (receipt is sent here)

Credit Card Number: 

□	□	□	□	-	□	□	□	□	-	□	□	□	□	-	□	□	□	□
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Expiration Date: 

□	□	-	□	□
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 Validation Code: 

□	□	□
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 (3-digit number on backside of credit card)

Visa  MasterCard  American Express

**Payment for:**

Invoice Number: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pre-payment for:**

Job Number: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_