

# CREDIT CARD PAYMENT AUTHORIZATION

Please complete and fax back to (909) 984-0659  
or mail form to

CTA Printing Co-op  
P.O. Box 2439  
Chino, CA 91708-2439

- Mastercard     Visa     American Express     Discover  
 Personal Card     Company Card

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Invoice(s) # \_\_\_\_\_

Description of Purchase \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Signature **X** \_\_\_\_\_ / / \_\_\_\_\_  
Date:

Print Name \_\_\_\_\_

**CTA PRINTING CO-OP**  
*"Custom printing at reduced costs thru the power of group buying"*



**800.583.3515**