





## CREDIT CARD AUTHORIZATION

I authorize the billing, including the addition of a 4% transaction fee, of all transactions incurred at Southern Label to the credit card listed below. I agree to all terms and conditions set forth by Southern Label.

<b>Company Name</b>	
<b>Type of Credit Card: (Circle One)</b>	   
<b>Account Number:</b>	
<b>Expiration Date:</b>	
<b>V-Code Number (3 digit number on the back of the card or 4 digit on front of Amex)</b>	
<b>Total Amount to be Charged:</b>	
<b>P.O. to be Applied:</b>	
<b>Please indicate the period Southern Label is approved to use the above card:</b>	<b>Start Date</b> _____ <b>End Date</b> _____
<b>Telephone Number:</b>	
<b>Card Holder's Name as it Appears on the Credit Card:</b>	
<b>Authorized User's Name:</b>	
<b>Credit Card Billing Address</b>	
<b>City, State, Zip Code:</b>	
<b>Account Payable E-mail Address:</b>	

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**Authorized Signature Required**  
 (Digital signature acceptable)

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