

Website Design
Website Hosting
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Graphic Design



Logo Design
3d Illustration
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Merchant Accounts

WWW.AFTERDARKGRAFX.COM

Credit Card Authorization Form

Payment Authorization Form

I hereby authorize After Dark Grafx, Inc. to bill the below listed credit card for all reoccurring fees and other charges as agreed upon and invoiced.

I hereby authorize After Dark Grafx, Inc. to bill the below listed credit card in the amount of: \$ _____ on _____.

ONE-TIME DEBIT

AUTO-DEBIT

Name as it appears on Credit Card
(PLEASE PRINT)

Company: _____

Name: _____

Credit Card Billing Address: _____

Card Holder's Signature: _____ Today's Date: _____

Type (Circle One) VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER: _____ - _____ - _____

Expiration Date(Month/ Year): _____

AVS Code (last 3 digits on reverse side of card) _____

Please fill out form and fax to 619-702-7907