



AUTHORIZATION TO KEEP CREDIT CARD NUMBER ON FILE

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Billing Address for Card: _____

Accounting Contact Person: _____

Business Address (If different than above): _____

I, the undersigned am an authorized signer of the credit card detailed above. I authorize Ecovantage Reprographics, Inc. to use the credit card information above to pay any invoices for my account. I will be provided a copy of my receipt either by fax, mail or electronically at my discretion

Name

Signature

Date

I wish to receive receipts By Fax By Mail Electronically