

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