CREDIT CARD AUTHORIZATION FORM

Phone 805-681-7446



(Name of Company/Firm)		
hereby authorize Santa Barbara Sign	s to charge the follow	ving bank credit card number for payment of invoices
Card Number:		Exp. Date:
Card Type (Circle): MC	Visa Amex	Security Code:
Cardholder's Name:		
Address:		
City:	State:	Zip:
Phone Number:	Fax Numb	er:
•		Signs shall remain in effect until whichever of the
	, ·	n date on the subject card 2) Until revoked in ns or the above company/firm.
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writing by eit	her Santa Barbara Sig pany/firm named abov Barbara Signs in writir	ns or the above company/firm. e to file a new authorization form when a card has ng when a credit card has been canceled or revoked.
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