

CREDIT CARD AUTHORIZATION FORM

PLEASE READ CAREFULLY: THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY AN AUTHORIZED USER OF THIS CARD. THE COMPLETED FORM MUST BE FAXED BACK TO ICON SCREEN PRINTING AT 714-599-9931 BEFORE ANY ORDERS CAN BE PROCESSED. IF YOU FAIL TO FULLY AND CORRECTLY FILL OUT THIS FORM, IT CAN RESULT IN A DELAY OR CANCELLATION OF YOUR ORDER. THANK YOU.

_____ BY SIGNING THIS
(NAME AS IT APPEARS ON CREDIT CARD)

AGREEMENT, AUTHORIZES ICON SCREENING, INC TO CHARGE THE FOLLOWING CREDIT CARD.

COMPANY/CUSTOMER NAME: _____

CARD TYPE: VISA__ MASTERCARD__ AMERICAN EXPRESS __

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV 2 Code: _____ (3 DIGIT CODE ON BACK OF CARD)

CARDHOLDER'S BILLING ADDRESS (Required):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SHIPPING ADDRESS **(If different):** _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE NUMBER: _____

CARDHOLDER AUTHORIZED SIGNATURE

DATE

I AUTHORIZE ICON SCREENING TO KEEP THIS FORM ON FILE FOR FUTURE CHARGES.

I AUTHORIZE THIS FORM TO BE USED ONE TIME ONLY. (FORM WILL BE DESTROYED PROMPTLY AFTER USE)

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUE OR DISPUTES CONCERNING THIS TRANSACTION, I WILL NOTIFY ICON SCREEN PRINTING PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.