



KOJAK

GRAPHIC COMMUNICATIONS, INC.

CREDIT CARD AUTHORIZATION FORM

Please complete form and fax to our Accounting Department at 410.505.8445 or email to accounting@kojakgraphics.com.

Kojak Invoice # _____

Kojak Account Rep _____

Company Name: _____

Contact Name: _____

Type of Card: _____

Card Number: _____

Expiration Date: ____ / ____

Name of Cardholder (if different from Contact Name): _____

Mailing / Billing Address: _____

Total Amount Authorized: \$ _____

I hereby authorize *Kojak Graphic Communications Inc.* to charge my card in the amount stated above:

Authorized Signature

Date