



**GRAPHCOM**  
A CONSOLIDATED GRAPHICS COMPANY

## CREDIT CARD PAYMENT FORM

**\*\*All information must be provided and faxed to (404) 591-8685 for processing \*\*\***

CREDIT CARD INFORMATION			
Customer Name:			
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express			
Credit Card Number:			Expiration Date:
Name as it appears on Credit Card:			
Payment Amount (US Dollars):			
Signature:		Date:	
CREDIT CARD BILLING ADDRESS			
Street Address:			
City:			
State:		Zip/Postal Code:	
Phone Number:		Fax Number:	
Invoice Number(s) _____			