

**SIGN-A-RAMA BALTIMORE**  
**2007 Eastern Avenue (@Washington St.)**  
**Fell's Point, Maryland 21231**  
**410.685.7979**

**CREDIT CARD AUTHORIZATION FORM**

**Please fill out all information below and fax this form back to us**

Person Ordering Sign: \_\_\_\_\_

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Please select one of the following**

MASTERCARD \_\_\_\_\_ VISA \_\_\_\_\_

CARD NUMBER \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

EXPIRATION DATE \_\_\_\_\_ SEC CODE \_\_\_\_\_

Deposit Amount to be charged immediately: \$ \_\_\_\_\_ (Under \$100, full amount will be charged. Over \$100, a minimum of 50% is due now).

Balance of \$ \_\_\_\_\_ to be charged when your order is ready.

\_\_\_\_ To be charged to this card      \_\_\_\_ A different card

I authorize Sign-A-Rama to charge the amounts listed above on my credit card.

Signature of approval: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

***Fax to 410.685.4640***