



ONE STOP
PRINT SHOP

2717 Wilshire Blvd. · Santa Monica, CA 90403
(310) 453-7559 · Fax: (310) 264-1808
info@onestopprintshop.com

Credit Card Authorization

Date _____

Customer Name: _____

One Stop Print Shop Invoice No: _____

Description: _____

I authorize **One Stop Print Shop** to charge an amount of \$ _____
on the following credit card:

Please check one: VISA _____ MASTERCARD _____ AMEX _____

Name on card: _____

Credit Card No: _____

Expiration Date: _____

Billing address zip code: _____

Cardholder Signature: _____