



240 Beach
 Street
 Laguna Beach
 California
 92651
 Tel: (949)
 494-5005
 FAX: (949)
 494-9656

Attn.: _____

FAX No. _____

CREDIT CARD AUTHORIZATION

I _____ authorize COPY & PRINT CENTER to charge my _____ credit
 Card No. _____ with expiration date of _____ SECURITY CODE _____

There is 2.5% LOST CASH CHARGE will be added to total. I understand if the copy is not picked up within thirty
 (30) days from date of order COPY & PRINT CENTER is not liable for lost copies, however I am responsible for
 copy and services that was rendered by COPY & PRINT CENTER.

Signature: _____

Date: _____

PLEASE PRINT

Credit Card billing Address:

Name _____

TELEPHONE _____

ADDRESS _____
