



Boyd Brothers, Inc.
425 E. 15th Street
Panama City, FL 32405

Credit Card Authorization Form

Date: _____

I hereby authorize Boyd Brothers, Inc. to charge my credit card to pay invoices, or other amounts due, for printing provided to _____.
(Customer Name)

MasterCard Visa American Express

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Billing City, State, Zip: _____

Telephone No.: _____ Fax No.: _____

Amount To Be Charged on Acceptance (50% of quoted amount): \$ _____

Amount To Be Charged on Delivery: Total invoice amount less advance payment.

(Authorized Signature)

(Print Name)

Please return form to Denise Newman:

Email denise@boyd-printing.com or

Fax: 850-769-6526