



Boyd Brothers, Inc.  
425 E. 15<sup>th</sup> Street  
Panama City, FL 32405

## CREDIT CARD AUTHORIZATION

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

### Billing Information:

Name As It Appears On Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**Credit Card Information:**    Visa    Mastercard    American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**I hereby authorize Boyd Brothers, Inc to keep my credit card information on file to process future order(s). I agree to confirm the date, amount to be charged, and last 4 digits of my credit card by email or fax prior to each charge.**

**Authorized Signature:** \_\_\_\_\_

### Customer Instructions:

1. Please complete the form in its entirety.
2. Please return form to Denise Newman via Fax to: (850)769-6526 or Email [denise@boyd-printing.com](mailto:denise@boyd-printing.com).