

Grace Printing

CREDIT CARD PAYMENT AUTHORIZATION

Grace Enterprises, Inc.
2050 W. Devon Ave.
Chicago, IL 60659
773.465.5300 Tel.
773.465.3800 Fax.
www.4print.com

PAYMENT AUTHORIZATION

Business Name/Card Holder

Address Suite/Unit Number

City State Zip Code

PAYMENT METHOD

VISA Master Card Discover Amex Other _____

Credit Card Number Expiration Date

\$ Payment Amount Date of Payment

To: Grace Printing/Grace Enterprises, Inc.

You are authorized to accept telephone orders from our business and charge the cost of such orders to my credit card account. I understand that I shall be fully responsible for my obligations not paid pursuant to this authorization. Wavier of any payment due from any party to this authorization shall not release my obligation of payment of any charges due and owing to Grace Printing/Grace Enterprises, Inc.

This authorization shall be governed and construed in accordance with the laws of the Sate of Illinois, and all obligations of the parties created hereunder are performable within Chicago, Cook County, Illinois.

In the event that litigation is commended to enforce any of the terms of this agreement. The undersigned hereby guarantees prompt payments will be made to Grace Printing for all contracted services, and promises to pay all of Grace Printing/Grace Enterprises, Inc.'s collection expenses, including but not limited to attorney's fees and court expenses, and all other collection costs.

In order for us to process your request, please fill out the authorization form and fax it to our credit department at (773) 465-3800. If you should have any questions, or need assistance, you can call us at (773) 465-5300.

Credit Card Receipt Required: Yes No *(Please circle your choice)*

Signature of Cardholder Date

Please Print Name Phone Number

I hereby authorize _____ to have my order picked up.