



"NATIVE AMERICAN OWNED AND OPERATED"

"Providing equipment, supplies and support
to the Graphics Industry since 1991"

**FROM: GRAPHIC HORIZON'S INC
RE: CREDIT CARD BILLING**

Dear Valued Customer:

In order to speed our billing process and prevent unauthorized charges to your credit card, we must now require the enclosed form to be completed. We must have this form on file in our office for all customers billed by credit card.

Thank you for your cooperation,
Loydene Barrett/Accounting

Please fax completed form to (918) 251-7881

Contact Name: _____

Company Name: _____

Phone Number: _____ Fax: _____

Card Billing Address	Ship To Address

Commercial or Residential (circle one)

Form of Payment: Visa () Mastercard () Discover ()

Charge Card Acct#: _____ CCV# _____

Expiration Date: Month _____ Year _____

Authorized Signature: _____

Drivers License#: _____ State: _____

(Signature indicates approval for billing above referenced card number for purchases from Graphic Horizons, Inc. and acknowledgement & acceptance of GHI Standard Sales Terms and Conditions.)