

Credit Card Authorization

I would like my purchase billed to my credit card. My signature below authorizes Squadron Graphics, Inc. to bill my account in the amount indicated. Information provided below is to enable Squadron Graphics, Inc. to contact you if needed and will not be released.

We accept



PLEASE PRINT BELOW:

Name _____

Address _____

City _____

State _____

Zip _____

Email _____

Home Phone _____

Card Number _____

Exp. Date _____

Amount _____

Signature _____