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CANADIAN DOLLAR PURCHASES

CREDIT CARD AUTHORIZATION FORM

I, hereby grant permission for Print 44 Inc. to process the following charges on the credit card provided below:

Company Name: _____

Address: _____

Phone #: _____

___ Visa Card #: _____

___ Mastercard Expiry Date: _____

Cardholder's Name: _____ (PRINT)

Please charge \$ _____ to the above credit card

Date of credit card authorization: _____

Signature: _____

PRINT NAME: _____

Reference #-Invoice, P.O Work Order:

I would like my receipt: mailed ___ or faxed ___ Fax # _____

We thank you for your business and look forward to providing you when quality service on a regular basis.