



5830 W HENDRYX ST.
WICHITA, KS 67209
316.613.2360
WWW.XPRESSKS.COM

Credit Card Authorization

Send to: Adrian@xpressks.com or fax to: 316-613-2946

Cardholder Information

Company Name _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Ext. _____

Email Address _____

Card Information

Visa MC AmEx Discover

Card Number _____ Exp. Date ____ / ____ Security Code _____

Please select one of the below options:

One Time Use (Use only for the invoice(s) & amount noted below.)

Invoice Number(s) _____ Amount to charge _____

Keep on file Xpress Signs and Graphics will keep the above card on file and use for all orders. Your card will be charged and invoice/cc receipt will be emailed at the same time.

Authorized by: _____
Printed Name

Signature: _____

Date: ____ / ____ / ____