



CREDIT CARD FORM

PO Box 640001, Oakland Gardens, NY 11364
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CREDITCARD INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I hereby give giddens graphics, inc. permission to process my credit card for the amount and services provided on the attached contract.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

All client information collected will not be sold or shared with any other outside companies or individuals. Any credit card charges processed by giddens graphics, inc. will appear on your statement as "Walsh Signs".