



Oregon Sign Placement
409 SW 19th Place
Troutdale, Oregon 97060
Phone: 503-666-0342 Fax: 503-666-0827

CREDIT CARD AUTHORIZATION FORM

PLEASE FILL IF YOU WISH TO PAY BY CREDIT CARD AND FAX TO 503-666-0827.

(Please Print)

Name(s) of Oregon Sign Placement Account: _____
(See Name on invoice)

Name of Card Holder: _____

Credit Card Billing Address: _____

Select One	Visa	<input type="checkbox"/>
	M/C	<input type="checkbox"/>
	Discover	<input type="checkbox"/>

Card Number: _____

3 Digit Security Code on Back of Card: _____

Card Expiration Date: _____

I authorize Oregon Sign Placement to charge the above credit card for balanced due for services rendered at end of months billing.

Signature: _____

We will still be mailing out invoices. After reviewing your invoice please fax us your invoice and mark any changes that need to be made and write Bill Credit Card on File. Your Credit Card will not be billed until we receive your invoice faxed back.

You are also responsible for resubmitting this form if any changes need to be made (Billing Address, Closed Account, or New Expiration).

Thanks, Bob & Jennifer Rud