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Credit Card Authorization Form

I, _____, hereby authorize Sign King to charge my credit card for the amounts invoiced.

Company Name: _____

AMEX VISA MASTERCARD

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date: _____ / _____

SEC Code: _____

Name on Card: _____

Billing Zip Code: _____

Email Receipts to: _____

As the credit card holder, I also authorize SIGN KING (Lucia, Inc) to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Sign King will keep all information entered on this form strictly confidential.

Cardholder's Signature

Date