



CORPORATE - CREDIT OFFICE

DATE: _____

TO: Credit Department

1. _____
Mastercard/Visa/Amex/Discover Account#

2. _____
Name of Account Holder/Name on Card

3. _____
Expiration Date

Amount of Charge Invoice#, Job# or PO#

Distributor # _____ Zip Code _____ Street/PO Box Number _____

Approval Code _____ Corporate Card _____ Personal Card _____

I authorize National Imprint Corporation to pay these charges with my credit card.

Signature _____