



Service Payment Credit Card Authorization Form

Please fill out this form. Afterwards, you may sign and deliver it to us via:

E-mail: Sales@dynimage.net or Fax: **201-444-2385**

I, _____, hereby authorize Dynamic Image Group, LLC to charge my credit card listed below for the following amount of _____ for services rendered relating to Invoice/PO #: _____ .

Billing Info listed with Credit Card: Please Print Clearly			
Company Name			
Name on Card:			
Address:			
City:			
State:		Zip:	
Phone:			
E-mail:			
Card type: (Check one)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card Number:			
Expiration Date		Card Code:	
Signature of Cardholder:			
Today's Date:			