



**IMAGE APPAREL SOLUTIONS
CREDIT CARD AUTHORIZATION FORM**

Date_____

I _____ Authorize Image Apparel Solutions to charge my credit card for services rendered.

COMPANY NAME_____

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Image Apparel Solutions
860 Chaddick Dr. Unit E
Wheeling, IL 60090
847-229-2000 ph.
847-229-2001 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

