



15660 W. Dixie Highway  
 North Miami Beach, FL 33162  
 phone: 305.956.3535

# Credit Card Authorization Form

Please fill out and email to [office@greentoadprinters.com](mailto:office@greentoadprinters.com)

Company Name: \_\_\_\_\_ Email receipt to: \_\_\_\_\_

## Credit Card Payment Form

**Credit Card Type:**       Visa       MasterCard       American Express       Discover

Credit Card #: \_\_\_\_\_ CVC #: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Billing Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Authorization

I, \_\_\_\_\_, Authorize Green Toad Printers to charge my credit card listed above in the amount of:  
 \$ \_\_\_\_\_ ( \_\_\_\_\_ Dollars).

I agree that all information provided is accurate and complete. I acknowledge that all orders may be immediately terminated at Green Toad Printer's discretion if any charges are declined or charge backs are claimed against an outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to [cggirlando@greentoadprinters.com](mailto:cggirlando@greentoadprinters.com).

Changes in the status of this credit card can also be reported to [cggirlando@greentoadprinters.com](mailto:cggirlando@greentoadprinters.com)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Refund Policy:** The Office may Refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. Refund of a fee paid by credit will be issued as a credit to the credit card account to which the fee was charged.