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## CREDIT CARD AUTHORIZATION

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### CREDIT CARD INFORMATION:

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

CREDIT CARD TYPE:      AMERICAN EXPRESS      VISA      MASTERCARD  
(PLEASE SELECT ONE)

CREDIT CARD EXPIRATION DATE: \_\_\_\_\_ VERIFICATION CODE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

### MAILING ADDRESS THAT APPEARS ON YOUR CREDIT CARD STATEMENT:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CONTACT PERSONS INFORMATION:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WOULD YOU LIKE POSTAGE RECEIPTS:    MAILED    EMAILED    FAXED    DON'T NEED

### PLEASE RETURN THIS INFORMATION TO:

**SHEARER PRINTING**  
**ATTENTION: ACCOUNTING DEPARTMENT**  
**P.O. BOX 668**  
**KOKOMO, IN 46903-0668**  
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