



# Credit Card Authorization

Please Print or Type:

I \_\_\_\_\_  
(card holders name) hereby authorize CBS Press, Inc. to bill my  
account, \_\_\_\_\_  
(company name) on any printing purchases ordered.

Billing Address (for credit card) \_\_\_\_\_

Zip Code (for credit card) \_\_\_\_\_

Credit Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Transaction Limit? \_\_\_\_\_

Monthly Limit? \_\_\_\_\_