



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? _____