



714 Wilshire Blvd., Santa Monica, California 90401
Tel: (310) 394-7091
Fax: (310) 394-2693

DATE: _____ FROM: _____
COMPANY: _____ ATTENTION: _____
FAX: _____ ORDER: _____

PRINTLAND has initiated this procedure to prevent fraud for us and our customers. The purpose of this form is to prevent the purchases of products and services with your credit card and having it shipped to a fraudulent address. The back of your card must be signed. To make it easier, you may cut and paste a copy of the credit card and driver's license on separate sheets and include it with this form. Don't forget to authorize us to charge your credit card if using your own forms. PLEASE COMPLETE THE ENTIRE FORM BELOW.

CARD NUMBER: _____ EXPIRATION DATE: _____
NAME ON THE CARD: _____ ISSUING BANK: _____
CREDIT CARD CUSTOMER SERVICE LINE: _____

(Toll free number found on the back of the card)

SHIP TO ADDRESS		CREDIT CARD BILLING INFORMATION	
NAME _____	NAME _____	NAME _____	NAME _____
COMPANY _____	COMPANY _____	COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
PHONE # _____	PHONE # _____	PHONE # _____	PHONE # _____
FAX # _____	FAX # _____	FAX # _____	FAX # _____

I hereby authorize PRINTLAND to release my order to: _____

I hereby authorize PRINTLAND to ship/release my order to the "Ship To Address" above.

Print Name Card Holder Signature Date

Your order will not be processed until this form is returned. All information is confidential and will not be used for any purpose other than verification of credit card. Please do not make a dark copy. You make use the copy feature of your FAX machine to test the readability of the copy being faxed to PRINTLAND. **FAX THIS FORM TO: 310-394-2693**