



CREDIT CARD FORM

PO Box 640001, Oakland Gardens, NY 11364
Phone: (516) 457-9329 • Fax: (631) 648-0883

CREDITCARD INFORMATION

Last Name: _____ First Name: _____

Billing Address: _____

Town: _____ State: _____ Zip code: _____

Type of Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

I hereby give giddens graphics, inc. permission to process my credit card for the amount and services provided on the attached contract.

Sign: _____

Date: _____

All client information collected will not be sold or shared with any other outside companies or individuals. Any credit card charges processed by giddens graphics, inc. will appear on your statement as "Walsh Signs".