

457 Madison Ave., Suite 2
 Albany, New York 12210
 (518) 462-4662ph (518) 462-5161fx

Credit Card Billing Name & Address:

Name on Card: _____ Date: _____ PO#: _____

Address: _____ Phone: _____ Fax: _____

City / St. / Zip: _____ Website: _____ Email: _____

Ship to Address (if different than billing address):

Name on Card: _____

Address: _____

City / St. / Zip: _____

Sales Tax Status:

Taxable? _____ Tax Exempt: _____ State: _____ (Please fax a copy of your Tax Exempt Certificate)

PRODUCTION WILL NOT BEGIN UNTIL PAYMENT IS RECEIVED

TO PROCESS YOUR CREDIT CARD, YOU MUST FILL OUT ALL INFO BELOW
PLEASE INCLUDE THE LAST THREE DIGITS FROM CODE ON BACK OF CARD
**AMEX PAYMENT REQUIRES THE FOUR DIGIT CODE ON THE FRONT OF THE CARD*

<input type="checkbox"/> Visa	Card Number:	3-Digit Card Code:
<input type="checkbox"/> MC	Expires:	Billing Name:
<input type="checkbox"/> AMEX	Billing Address:	
<input type="checkbox"/> Discover	City:	State: Zip Code:

- 1) By signing below, I agree to the total amount charged.
- 2) I have reviewed the items description, price, and quantity.
- 3) I understand that all shipping costs are estimated and may change upon shipment.
- 4) I have authorized **Cardinal Data/Lark Graphics.com** to ship merchandise to an address referenced above which may be different than my billing address for the credit card listed.

X _____

X _____

Authorized Signature

Date