

US COPY CENTER
1021 SPRING GARDEN STREET
PHILADELPHIA, PA 19130

Credit Card Authorization Form
PLEASE PRINT IN BOLD

Last Name _____

First Name _____

Credit Card Type

Visa

Master Card

Card Number

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Security Code LAST THREE DIGITS ON BACK OF CARD

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Billing Zip code

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Expiration Date

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Amount \$ _____

I authorize US Copy Center to charge the above amount to my credit card

Signature _____

Date _____