



Credit Card Authorization Form

I, _____, give permission to DG Graphics, LLC to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount Authorized (\$500 x # of stores) Cardholder email IGA Quarterly Marketing Kit
Product/service

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX
- _____
- Other

Cardholder (Name on card)

Expiration date (MM/YYYY)

Card number

ZIP code (From credit card billing address)

Recurring payments information

Delivery frequency: Once per quarter

Charge on these dates each year: January 1, April 1, July 1, October 1

Payment Amount (\$500 x # of stores)

IGA Quarterly Marketing Kit

Product/service sold

Email receipts

To cancel, contact:

Sean Cooney or David Marti
860-286-9997
info@dggraphicsonline.com

Terms of agreement:

Cancellations must be received by the 1st day of the month *prior* to the start of the new quarter. For example, to cancel your subscription for the July 1, 2021 kit, you must notify DG Graphics of your intent to cancel by June 1, 2021.

Customer Signature

Date

Please provide all shipping addresses on the next pages.

Please upload a scan or photo of your completed form to dggraphicsonline.com/card-auth.

Shipping addresses:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Shipping addresses:

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

