

RETAIL CREDIT CARD AGREEMENT

Account Number: _____

Account Name: _____

Phone: _____

Email Address: _____

Credit Card Number: _____

Exp. Date: _____ Three or four digit security code: _____

Name on Card: _____

I would like my credit card information to be retained by Avanti Press, Inc. for ordering purposes. In the event that I change cards, I will notify Avanti of a new number or will request net terms moving forward.

Signed: _____

Date: _____



Please copy this agreement onto your company letterhead and fax to Avanti Press at 800-528-2684. If you do not wish to include the actual credit card number above, please call Deborah Gage at 313-262-8601.
