



960 Woodland Dr.
 P.O. Box 10
 Saline, Michigan 48176
 734.429.5411
 www.bookprinters.com

Credit Card Authorization Form

Please fax completed form to
 734.429.1064

Customer Name _____ Customer # _____

I authorize McNaughton & Gunn to charge my:

MasterCard, Visa, Discover or American Express

Card Number: _____

Expiration Date _____ Security Code # _____

(located on the back of the card)

Name on the card: _____

Billing Address: _____ Apt or Suite _____

City _____ State _____ Zip Code _____

For Invoice #, Job # or Title _____

\$ _____ Payment Amount

\$ _____ Plus 3% Convenience Fee

\$ _____ Total Amount to Charge

Signature _____ Date _____

Email is not a secure means of communication. Please fax this form to the above numbers or you may call the numbers below and your information may be given over the phone.

**Any questions, please call
 Samantha Jedele: 734.429.8710
 Carlene Rogers: 734.429.8711**