



**LITHO EXPRESS®**  
**PREPAID CREDIT CARD TRANSACTION**  
VISA, MASTERCARD, AMERICAN EXPRESS

Date: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ (include legal name, dba, etc.)

Sales Contact \_\_\_\_\_ Billing Contact \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_ (for Minnesota customers only)  
For Minnesota customers that will resell the product, include a signed Resale Exemption Certificate (ST-3) with this form.

**CREDIT CARD TRANSACTION**

Account Name: \_\_\_\_\_ (Exactly as it appears on the card)

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY) Signature Code: \_\_\_\_\_ (3 or 4 digits on back)

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Amount (Including Tax) \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment arrangements must be made before any work can be started.

\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Customer Number: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Total Amount: \_\_\_\_\_

**YOUR MEDIA. PACKAGED WITH EXPRESSION.**

315 5th Ave. N.W. – St. Paul, Minnesota 55112 – Telephone: 651.633.8122 Fax: 651.633.1862 – www.lithoexpress.com