



**Logo Design Works**  
1177 Olentangy River Road  
Columbus, OH 43212  
Tel: 614 917 2177 Fax: 614 388 5573  
www.logodesignworks.com

## **Payment Authorization Form**

**Name of Card Holder:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email id:** \_\_\_\_\_

**Card Type:**

Visa  MasterCard  Amex  Diners Club  JCB  Switch/Solo  Laser/ELV

**Card Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_ (MM/DD) **Expiry Date:** \_\_\_\_/\_\_\_\_ (MM/DD)

**3 digit Security code:** \_\_\_\_\_

I, \_\_\_\_\_, authorise Logo Design Works, to charge my credit card for an amount of \_\_\_\_\_ and I will hold Logo Design Works harmless against any liability pursuant to this authorisation.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(In understand and agree to the terms and conditions set out at <http://www.logodesignworks.com/terms.htm>)

**Instructions:**

- 1. Please fill in the above details**
- 2. Fax this form to 614 388 5573**