CREDIT CARD CHARGES AUTHORIZATION FORM



ORDER INFORMATION	
Estimate/Order Number:	
Sales Representative:	
Account Name:	
INFORMACIÓN DE LA TARJETA	
Name (As it appears on card):	
Credit Card Number:	
Card type (VISA, MC, DISCOVER):	
Expiration Date:	
Security Code:	
Phone Number:	
CHARGE INFORMATION	
Authorized Amount:	
REFUND POLICY	
(1) All sales and/or services provided by Go Print PR are classified as final. (2) Customer has a two (2) working days period from order pickup date to establish a claim. (3) When establishing a claim, 100% of items received in order must be returned. Claims will be processed in a 48 working hours period. (4) Please verify order and graphic designs details before approving them for production. Go Print PR is not responsible or liable for spelling or text mistakes, color matching issues,low resolution, formats, transparencies, sizes, finishing issues and use of incorrect artwork, among others. (5) Orders cannot be cancelled or modified once approved for production as final. Deposits or Order payments will not be refunded. In case of an exception to this clause, a store credit will be established to be used for future orders. (6) Go Print PR reserves the right to deny or not accept orders or requests.	
AGREEMENT	
By signing this document, I certify that I'm the authorized user/owner of the credit card and that all information provided above is correct and accurate. I agree and have read and understood the refund policy established above by Go Print PR and thus provide authorization to process credit card for amount shown above.	
By checking this box, you authorize Go Print PR to store your credit card on file for future orders and to process it for future payments. No charges will be made without receiving prior written consent by email.	
Name Sign	nature Date
INTERNAL USE ONLY	
Processed by: Date:	Status: