

CUMMINGS PRINTING CO. CREDIT CARD FORM

NAME/BUSINESS ON CARD*

CARD BILLING ADDRESS*

CITY*

STATE*

ZIP*



(please check one)

V-CODE*

CARD # *

EXP DATE*

\$\$ AMOUNT TO CHARGE

CUMMINGS INV # (IF KNOWN)

CSR

CUSTOMER ID

PUBLICATION

EMAIL ADDRESS*

* required for successful charge

Send via fax or email:603-623-5132; jessicaj@cummingsprinting.com