

CLIENT AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS [CREDIT OR DEBIT CARDS]

COMPANY NAME _____ ACCOUNT ID # OR NAME _____

I (we) hereby authorize JB FOLEY PRINTING CO., to initiate debit and credit entries to my (our): (select one)

[] CREDIT CARD

indicated below and the depository named below, hereinafter "DEPOSITORY", to debit or credit the same to such account. I further authorize JB FOLEY PTG. CO. to electronically debit said account for such amount allowed by law in the event a debit entry is returned by the Depository, including a state-authorized collection fee.

CREDIT/DEBIT CARD Amex VISA MC Discover

ACCOUNT NO. _____ EXP _____

THIS INFORMATION MUST BE COMPLETE!

NAME ON CARD _____ CARD VERIFICATION # _____

BILLING ADDRESS _____

PLEASE CHECK THE APPROPRIATE BOX FOR AUTHORIZATION USE OF YOUR CREDIT CARD:

NEW CUSTOMERS (AND EXISTING COD CUSTOMERS):

- One time use for order # or description _____
- Keep this card on file for all future orders.
- Use this card for the first order only. I will submit a credit application for open terms on future orders
(note: credit approvals may take up to 30 days for approval)

CURRENT CUSTOMERS (OPEN ACCOUNTS ONLY):

- One time use for order # or description _____
- Keep on file and pay bills 2 weeks after invoice date after client approval of bills (if you have any charges that you deem incorrect, please let us know asap)
- Credit terms backup purposes: (check one or both)
 - I agree to have credit card on file to pay any past due bills that are 45 days late or more from invoice date
 - I agree to have credit card on file to cover any over the credit limit charges on my account.

This authority is to remain in full force and effect until JB FOLEY PTG. CO. has received written notification from me (or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford JB FOLEY PRINTING CO. and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME _____

DATE _____ SIGNATURE(S) _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE CUSTOMER(S) WHO SIGNED
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE MAIL TO: JB FOLEY PRINTING CO., INC., 1469 BROAD ST., PROVIDENCE, RI 02905
OR FAX TO: (401) 467-8309 TEL. (401) 467-3616