



Diverse Printing & Graphics, Inc. now offers the convenience of payment by debit or credit card.

We accept:



Please print this form out, fill out all the information below and fax this form to 212 324 2401.

Credit Card Information: All items **IN RED MUST** be completed to process your order.

Credit Card: _____Master Card _____Visa _____American Express _____Discover

Card Holders Name: _____

Card Number: _____ **Expiration Date:** _____ / _____
(MM/YY)

Your Diverse Printing Project Name: _____

(A confirming Diverse Printing Invoice will be mailed to you, with a paid credit card receipt.)

For Master Card/Visa: 3 Digit card code (last 3 digits on the signature pan): _____

Card Holder's Billing Address: _____

Street

_____ City

_____ State

_____ Zip

Please bill my credit card for the project or invoices listed above, **for the total of** _____.

New York State Residents: Applicable sales taxes will be added to your purchase.

Signature: _____ **Date:** _____