

# Blue Chip Mailing Services

## Credit Card Invoice

6665 Creek Rd. Cincinnati Ohio 45242

Please fax completed authorization to (513) 541-2727

**Invoice  
Number**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Company**

\_\_\_\_\_

**Billing  
Address**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip Code**

\_\_\_\_\_

**Charge  
Amount**

\_\_\_\_\_

**Credit  
Card Type**

\_\_\_\_\_

**Expiration  
Date**

\_\_\_\_\_

**Credit  
Card  
Number**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**3 digit  
Code**

\_\_\_\_\_

Please Note: Charges will appear as Blue Chip Mailing Services on your credit card bill!

6665 Creek Road, Cincinnati, OH 45242