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2684 N. University Drive Sunrise, FL 33322

Credit Card Authorization Form

Fax to: 954-747-3499

I _____ authorize my credit card
print name

VISA MC AMEX DISC

CC# _____ Exp. _____ / _____

to be charged by NuGraffika LLC for amount of

\$ _____

NuGraffika LLC reserve the right to charge the balance automatically to your credit card, after final approval.

My billing address is :

Street _____

City _____ State _____ ZIP _____

Signature _____ Date _____

Signature above is the same as appears on credit card.

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