

K R I S H N A
C O P Y
C E N T E R

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BERKELEY, CA 94704
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TEL 510•540•5959
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▲
E-mail ritu@krishnacopy.com

Credit Credit Authorization Form

Client Name: _____

I give permission to Kirshna Copy Center to charge my credit card number with the amount written below for services rendered at Krishna Copy.

Credit Card # _____

Expiration date: _____

Amount: _____

Authorized Signature _____ Date: _____

Please attach a copy of your Driver's License and credit card (both sides) and fax back with this form completely filled out. Our Fax number is 510.540.5095

Mailing Address:

Sincerely,

Ritu Rai
Customer Representative
