

**LOGO PROGRAM
PAYMENT BY VISA OR MASTERCARD**

Please complete ALL information

Vendor Name: _____ Contact Phone: _____

Address: _____

#Logo Signs Small Large Amount \$ _____

VISA or MC Number (**Circle one**): # _____

Expiration Date: _____

Name on Credit Card: _____

The Ohio Department of Transportation has my permission to charge to my account the above dollar amount.

Authorizing Signature of Card Holder

Return completed form and approved application to:

**Ohio Department of Transportation
Sign Shop
1606 West Broad Street,
Columbus, Ohio 43223
Attn: Doug Demoss**

All information must be completed and form must be signed in order to process.