PLASTIBEC

CREDIT CARD PAYMENT AUTHORIZATION

Company Name _____

Contact _____ Title _____

Tel # (__ __ __) __ __ __ - __ __ __ __ Fax (__ __ __) __ __ __ - __ __ __ __

Address _____

Address _____ City _____

Prov or State _____ Postal/Zip Code _____

PAYMENT METHOD

Payment ☐ VISA ☐ MASTER CARD

TERMS OF CREDIT

Signature: _____ of _____

authorize Plastibec to charge ☐ all my purchase orders to the Credit Card listed below

☐ order by order basis

CREDIT CARD BILLING LOCATION

Account # _____ **Expiry** _____ **CVV #** _____

Name (as it appears on card) _____

Address _____

Address _____

City / Prov or State _____

Postal/Zip Code _____

Tel # (__ __ __) __ __ __ - __ __ __ __