

FLEXTEC

C O R P O R A T I O N
G R A P H I C S • L A B E L S • P A C K A G I N G

Telephone: 719-532-1840 800-808-0970 FAX 719-602-6135

Credit Card Authorization Form

Name of Cardholder (as shown on card): _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Authorized Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Card Type:
(Check One)



Visa



Mastercard



Discover

Card Number: _____

Expiration Date: _____ (mm/yyyy) Card Verification # (CVN): _____

For Visa, MC and Discover the CVN is the 3-digit number found on the back of your card.



Estimated Amount of Charge: \$ _____

I hereby authorize the above card to be charged for the services provided by the FLEXTEC Corporation. I further understand that the amount indicated above is an estimate. Final charges are subject to a plus or minus 10% over-run or under-run, as well as any setup charges, freight and any applicable taxes.

Signature of Cardholder

Date

For Office Use Only

Authorization Code: _____ By: _____

Date: _____ Invoice No. _____