



## CREDIT CARD AUTHORIZATION FORM

### ***INSTRUCTIONS***

1. Please complete the form below. Please print legibly, using ink. All blanks MUST be filled. Leave the 'amount' field blank, if authorization is for "Terms Collateral".
2. Credit Card Holder must sign on the indicated space.
3. Fax the completed form to: **503.210.0350**

Please mark the following that applies:        **One time only**        **All Orders (Kept on file)**

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Card (circle one)    AMEX    VISA    Master Card    Security Code \_\_\_\_\_

If one time only, Payment is for Invoice/PO \_\_\_\_\_

Due to ship (approx date) \_\_\_\_\_

\*\*Anticipated Purchase \$ Amount \_\_\_\_\_

### ***Credit Card Billing Info:***

Card / Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Purchase amount will include over-runs per agreement, applicable shipping costs and/or sales taxes.**

All information presented on this form will be kept strictly confidential by Crush Creative Packaging.

**Complete and fax this document to our secured electronic number:**

**503.210.0350**

*Crush Creative Packaging*

PO Box 2189

Lake Oswego, Oregon 97035

503.723.9200