



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