



## Credit Card Authorization Form

**Company name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**P.O. No.:** \_\_\_\_\_ (Optional)

I, \_\_\_\_\_ hereby authorize Intercity Paper Company, Inc. To charge the amount of \$ \_\_\_\_\_ to my credit card. I will be fully responsible for any incomplete or fraudulent informatin which will cost this transaction to be void.

**Card Type:**

\_\_\_\_ Mastercard

\_\_\_\_ VISA

\_\_\_\_ Discover

\_\_\_\_ AMEX

**Credit Card No.:** \_\_\_\_\_

**Exp:** \_\_\_\_ / \_\_\_\_ **Credit Card Code:** \_\_\_\_\_

**Card holder name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Would you like this credit card on file for future orders?** Yes \_\_\_\_\_ No \_\_\_\_\_

\*Please, sign and email to [accounting@intercitypaper.com](mailto:accounting@intercitypaper.com), Thank you.