



## 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.