

FLEXTEC

CORPORATION

GRAPHICS • LABELS • PACKAGING

Telephone: 719-532-1840 800-808-0970 FAX 719-532-1853

Credit Card Authorization Form

Name of Cardholder (as shown on card): _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____

Card Type:
(Check One)



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.

For Amex, the CVN is the 4-digit number found on the front 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

<p style="font-size: x-small; margin: 0;">For Office Use Only</p> <p style="font-size: x-small; margin: 0;">Authorization Code: _____ By: _____</p> <p style="font-size: x-small; margin: 0;">Date: _____ Invoice No. _____</p>
