



CREDIT CARD PAYMENT AUTHORIZATION FORM

1. Complete this Credit Card form and fax back to **1-888-693-9077**.
2. Upon receipt of this authorization form, your credit card account information will be securely registered.
3. Your credit card will only be charged after your order has been shipped.
4. We will automatically charge your purchase to your credit card, unless you notify us otherwise.

PRIMARY CREDIT CARD

Type Visa MasterCard Discover AMEX

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Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Card Billing Address _____

SECONDARY CREDIT CARD (Optional – To be used a backup to primary card)

Type Visa MasterCard Discover AMEX

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Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Card Billing Address _____

By signing below, I authorize Filpac to charge my credit card for my purchases until I otherwise notify.

Your Name _____

Date _____

Business Name _____

Your Signature _____

Your Filpac Account # _____