

CREDIT CARD AUTHORIZATION FORM



DATE _____

PLEASE CHECK ONE

KEEP ON FILE FOR FUTURE ORDERS

ONE TIME USE ONLY

COMPANY NAME _____

CONTACT NAME _____

CONTACT PHONE _____

EMAIL RECEIPT TO _____

ORDER NUMBER _____

AMOUNT TO CHARGE _____

(PLUS ANY OVER RUN AND APPLICABLE SHIPPING CHARGES)

CARD NUMBER _____

EXP _____ CCV _____

CARDHOLDER NAME _____

CARDHOLDER COMPANY NAME _____

FULL BILLING ADDRESS OF CARD _____



AUTHORIZED SIGNATURE _____

I acknowledge that I am authorizing Amherst Label to charge the credit card provided herein for the purchase of product by the above customer. I agree that I will pay this purchase in accordance with the issuing bank cardholder agreement.

Please return this form to Adrienne at a.crocker@amherstlabel.com

or you may call 800.458.0777 Ext. 105