

THE PLATINUM PACKAGING GROUP

Credit Card Authorization Form

Authorization Agreement

I hereby authorize The Platinum Packaging Group to process the credit card account listed below and debit my account for the amount indicated on or after the indicated date.

This payment authorization is for:

The amount indicated below and is valid for one time use only.

The amount indicated below and is valid for future payments. The Platinum Packaging Group will store this authorization in a secure file for future use.

Note: There is a 3.00% fee that will be included in the processing of your credit card. This rate is subject to change at any time.

Account Information

Account Type: Visa Mastercard American Express

Card Holder /

Entity Name:

(as it appears on the card)

Account Number:

For Invoice/Sales

Order No.: _____

Expiration Date:

Amount (\$): _____

CVV Code (3 or 4-digit code):

CC Fee (3.00%)*: _____

* Rate subject to change. One charge per transaction.

Billing/Contact Name:

Total Amount to

be Debited (\$): _____

Billing Address:

City, State, Zip Code

Phone Number:

Email:

Authorized Signature

I authorize The Platinum Packaging Group to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorized Signature: _____ Date: _____