## Credit Card Authorization Form

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| --- |
| Company Information |
| Company Name:  |       |
| Address: |       |  |
|  |      |  |
| Phone:  |       | Fax:  |       |
| Email Address: |       |  |
|  |  |  |
| Authorization Agreement |
| I hereby authorize **Jamplast, Inc.** to process credit card transactions to my account as given in detail below. Further, I agree not to hold **Jamplast, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my credit card company or due to an error on the part of my credit card company in charging my account. |
| Invoice Information |
| Invoice Number: |       |
| Invoice Amount: |       |  |
|  |
| Account Information |
| Name on Credit Card: |      |
| Card Number: |       |  |
| Expiration Date: |       |  |
| Please check: |  [ ] VISA [ ]  MASTERCARD [ ]  AMERICAN EXPRESS |  |
|  |
| Signature |
| Authorized Signature: |       | Date: |       |
| Printed Name: |       |