



Credit Card Authorization

Company: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Type:  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address (card statement mailed to) (a receipt will be sent to this address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Amount to be billed on card:

Deposit: \_\_\_\_\_

After Shipment: \_\_\_\_\_

Total: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

(By signing above you are authorizing Plastic Engineering, Inc. to charge the amounts listed for the items ordered.)

**(Please Fax completed form to 480-491-8450 or email them to your account manager.)**

**Clicking on the Online Submit Button will automatically submit the form.**