



CREDIT CARD  
AUTHORIZATION FORM

Attention: \_\_\_\_\_

**PAPER MART INC. has my permission to use my credit card to:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pay when general orders are placed | <input type="checkbox"/> *Pay Monthly Statement |
| <input type="checkbox"/> *Pay Monthly Invoice               | <input type="checkbox"/> *Pay on account        |
|   | <input type="checkbox"/> Other                  |

\* Only available to pre-qualified accounts - request Commercial Credit Application Form

Business Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

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

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

Explanation of Payment: \_\_\_\_\_

**PAYMENT INFORMATION**

Check One:

Visa

Master Card

American Express

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

Expiration: \_\_\_\_/\_\_\_\_ CSV: \_\_\_\_\_

Receipt, Emailed or Faxed To: \_\_\_\_\_

I am an authorized user of the above-mentioned credit card and Paper Mart Inc. is authorized to charge this card for the total amount due

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_