



Credit Card Charge Authorization Form

(Print or Type all Information)

Company Name: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Credit Card Information

Choose One: MasterCard VISA American Express Discover

This Card Is: Corporate Personal Debit

Account Number: _____

Expiration Date: _____ Security (CCV) Code: _____

Cardholder's Name: _____
(Please Print Name as it Appears on Card)

Company Name: _____
(If Corporate Card)

Credit Card Billing Address

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Bottle Cap Inc. is authorized to charge the above listed credit card for Purchase Orders received from the above listed company.

Cardholder's Signature: _____ Date: _____