



# CREDIT CARD FORM

For credit card payments, please complete this form and fax the completed form to our secure fax line (510) 226-6094.

## Credit Card Charge Authorization

Customer Number: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

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

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

Purchaser: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Part Number: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Sales Order Number: \_\_\_\_\_

California Resale Certificate on file?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you want to keep this credit card on file?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

AMEX/VISA/MC Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

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

### Taxable Status

TO BE COMPLETED BY CUSTOMER

For Resale?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Labels for internal or mailing use?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other: \_\_\_\_\_

I authorize Celotape, Inc. / Landmark Label, to charge the parts described hereon to the AMEX/VISA/MC account given above. I have completed the **taxable** information.

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

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

**California Resale Certificate must be on file before product ships from our facility or you may be charged sales tax.**