

REINFORCED PLASTICS LABORATORY

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Credit Card Authorization Form

Visa, MasterCard, American Express Letter of Authorization

Please complete and fax signed form to:

631-249-8272

I, _____, hereby authorize **Reinforced Plastics Lab** to charge my credit card account in the amount of \$_____ (including ___/ + shipping ___)

Visa ___

MasterCard ___

American Express ___

Credit Card Number _____

Expiration Date: ___/___/_____ (3 or 4 digit code) _____

Company Name: _____ Invoice # _____

Credit card billing address:

Name _____ (as appears on card)

Address _____

City _____ State _____ Zip _____ Phone # _____

Cardholder's signature: X _____ Date: _____

(Optional) As the credit card holder, I also authorize **Reinforced Plastics Lab** to charge my credit card for future purchases faxed by me.

Authorization Valid Until: ___/___/_____ Cardholders Signature: _____

Your completion of this authorization form helps us to protect you, from credit card fraud. All information entered on this form will be kept strictly confidential by Reinforced Plastics Lab.