



www.barrplastics.com

BARR Plastics Inc.

CREDIT CARD AUTHORIZATION FORM

This information is confidential and will only be viewed by BARR Plastics. Please complete and fax to 604-852-8022, or e-mail to accounting@barrplastics.com

CUSTOMER NAME: _____ PST # _____

PHONE #: _____

REFERENCE NUMBER (QUOTE#, ORDER# or INVOICE#): _____

NAME AS APPEARS ON CREDIT CARD: _____

E-MAIL ADDRESS FOR NOTIFICATION: _____

CARD TYPE (Choose One): _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (month/year)

FOUR DIGIT CID (AMERICAN EXPRESS): _____

THREE DIGIT CV CODE (OTHERS): _____

CHECK ONE (OR BOTH, IF APPLICABLE):

_____ RECURRING (Payment will be processed on invoice)

_____ ONE-TIME CHARGE AMOUNT: CAD\$ _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

BARR PLASTICS INC OFFICE USE ONLY: CUSTOMER ACCOUNT NUMBER: _____

ORDER PROCESSED BY: _____ SALESPERSON: _____

COMMENTS: _____
