



Capital Wraps Inc. Credit Card Authorization Form

(Type or print clearly. All fields are required)

Estimate Number: _____ (Don't have an invoice number? Please enter Estimate Number)

Your PO Number: _____

Amount: \$ _____ (See our Order Confirmation or Invoice for total)

Card Type: (check one)    

Credit Card Number: _____

Expiration Date: ____/____/____ (MM/YYYY)

CVC/Security Number: _____ (3-digit code on back of card)

Cardholder's Name: _____

Company Name: _____

Billing Street Address: _____

Billing City, State, Zip Code: _____

Telephone: (____)____-____ (Address and Telephone number must match credit card billing address)

Email: _____

Please print clearly. You will receive a confirmation email for your records once a payment has been processed.

I authorize Capital Wraps to keep this card on file and to pay for my current and future orders according to card issuer agreement (merchant agreement if credit voucher). I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter this billing and purchasing agreement with Capital Wraps. By signing this Credit Card Processing Form, I confirm that I have read, understood, and agree to Capital Wraps terms and conditions of Supply and Payment. By signing this document, I authorize Capital Wraps to automatically charge or credit the above Credit Card for 100% of the total ordered print material. Shipping and handling charges are understood as estimates and will be adjusted on the final invoice. By signing this document, I authorize Capital Wraps to automatically charge or credit the above Credit Card for the possible shipping and handling adjustments. I agree that I will not dispute any charges from Capital Wraps unless I have already attempted to rectify the situation directly with Capital Wraps and those attempts have failed.

Cardholder Signature: _____ Date: _____

Purchasing Representative Name: _____ Signature: _____

Fax to: 703.842.8010 Please call your sales representative if you have any questions.

(for Capital Wraps internal use only)

Sales Representative Initials: _____ Date Received: _____ OC#: _____

Deposit Charged: Yes / No Date: _____ By: _____ Authorized for production by: _____

Balance Charged: Yes / No Date: _____ By: _____ Authorized for installation by: _____

P: 919.977.7082 F: 919.800.3803 WWW.HABITATRESTORETRUCKWRAPS.ORG