

CREDIT CARD AUTHORIZATION FORM



To pay for your purchase via credit card, please complete this form and return to accounting:
Email: accounting@cpcneutek.com or Fax: 970.683.4165

We accept Mastercard, Visa, American Express and Discover.

Company Name: _____

Billing Address: _____

Phone #: _____ Email Address: _____

Cardholder Name: _____

Credit Card Account #: _____

Expiration Date: _____ CVV Code: _____

Invoice #: _____ Amount Paying: _____

Invoice #: _____ Amount Paying: _____

Invoice #: _____ Amount Paying: _____

Invoice #: _____ Amount Paying: _____

Invoice #: _____ Amount Paying: _____

Invoice #: _____ Amount Paying: _____

Total Amount of Charge: _____

I authorize CPCNeutek to charge the above amount on the reference credit card.

Cardholder Signature: _____ Date: _____

