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## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancellation.

**Credit Card Type:** \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express

**Cardholder Name (as shown on card):** \_\_\_\_\_

**Cardholder Number:** \_\_\_\_\_

**Expiration Date (mm/yy):** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_

I, \_\_\_\_\_, authorize **B.F. Plastics, Inc.** to charge my credit card for agreed-upon purchases. I understand that my information will be saved to file for future transactions on my account.

**Customer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_