



## CREDIT CARD AUTHORIZATION FORM

INTAPOL Industries, Inc Account Number: \_\_\_\_\_

I, ..... hereby authorize INTAPOL Industries, Inc. to charge my .....

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CCV #: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

Title of Card Holder: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Order #: ..... Amount: US \$: .....

I hereby direct you to have this product shipped to the address listed below and deliver the products to any person at that location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**\*\* Please provide a clear copy of front and back of credit card and a copy of a government issued identification \*\***