The Packaging Source
YOUR COMPLETE SOURCE FOR RETAIL PACKAGING

CREDIT CARD AUTHORIZATION

Please complete all fields below and return this form to customerservice@packagingsource.com.

CUSTOMER & ORDER INFORMATION

COMPANY / CUSTOMER NAME

DATE

ORDER / INVOICE #

TPS SALES REP / ATTENTION (IF KNOWN)

CONTACT PHONE

CARD INFORMATION

CARD TYPE

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

CARD NUMBER

EXPIRATION (MM/YY)

CVV

NAME AS IT APPEARS ON CARD

BILLING ADDRESS (AS IT APPEARS ON CARD STATEMENT)

CITY

STATE

ZIP CODE

AUTHORIZATION

AMOUNT TO BE CHARGED ($)

PURPOSE / NOTES (OPTIONAL)

☐ Keep this card on file for future payments

By signing below, I authorize The Packaging Source to charge the credit card listed above for the amount indicated. If the box above is checked, I further authorize The Packaging Source to retain this card on file and charge it for future orders placed on my account until I revoke this authorization in writing.

CARDHOLDER SIGNATURE

× *sign here*

DATE SIGNED

PRINTED NAME

RETURN THIS FORM

Email: customerservice@packagingsource.com

Mail: The Packaging Source, PO Box 1248, Kernersville, NC 27285-1248

Questions? Call 1.800.624.6244.