

BRIDGE VIEW PAPER COMPANY, LLC

6101 TACONY STREET
PHILADELPHIA, PA 19135

PHONE: 215-992-8990

PHONE: 215-992-5192 (CREDIT MANAGER)

FAX: 215-992-5193 (CREDIT DEPARTMENT)

CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

CUSTOMER TELEPHONE #: _____

CUSTOMER EMAIL ADDRESS: _____

	<u>NUMBER</u>	<u>AMOUNT</u>
INVOICE:	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
		TOTAL CHARGED \$ _____

CREDIT CARD: VISA _____ MASTERCARD _____ AMEX _____ DISCOVER _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

BANK TELEPHONE # ON BACK OF CARD: _____

FULL NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS OF CARD: _____

THE SIGNATURE BELOW REPRESENTS I APPROVE THE ABOVE DOLLAR AMOUNT TO BE CHARGED TO THIS CREDIT CARD AND HAVE THE AUTHORITY TO APPROVE/PROCESS THIS TRANSACTION.

AUTHORIZED SIGNATURE DATE

PRINTED NAME TITLE