



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 cancelled.

Credit Card Information	
Card Type:	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____	
Company Name:	
Cardholder Name (as shown on the card):	
Card Number:	
Expiration Date (mm/yy);	Security Code (3 digits on the back of the card):
Credit Card Billing Address, Street Number and Zip Code only:	

I, _____, authorize Cornucopia Tool and Plastics to charge my credit card above for the agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date