

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Customer Name: _____

HP Customer #: _____

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Roll Bond Converting/Highpoint Packaging, Inc to charge the above referenced credit card for any purchases or outstanding balances owed. I agree to pay for any purchase in accordance with the issuing bank cardholder agreement. I understand that this authorization will remain in effect until revoked by sending written notification withdrawing authorization.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____