



Website www.pdsci.com

Credit Card Payment Authorization

As per your instructions, we are charging your credit card for goods/services provided by Package Design & Supply. Please enter the following information:

Billing Address

Company Name:
Address Line 1:
Address Line 2:
City, State, Zip Code:

Transaction Description

Services Provided:	Amount to be Charged:
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Card Issuer

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
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Credit Card Information

Name on Card:	*Card Verification Number:
Company Name:	Expiration Date:
Credit Card Number:	

* Three digit number found on back of Visa, MasterCard, and Discover

Authorized Signature: _____ Date: _____

Kindly sign and fax this form to (716) 891-8984 Thank you.

PACKAGE DESIGN & SUPPLY CO., INC. 1014 NORTHAMPTON ST. BUFFALO, NY 14211 (716) 891-8888 fx 891-8984