Credit Card Processing and Authorization Form

1. Please complete this form
2. Print and sign the form
3. Fax or e-mail a scanned copy to Corinne Kroening at:
   FAX: (716)-884-5703 or E-MAIL: corinnekroening@bcb1.com

Client Information

Company Name: _____

Name on Card (exactly as it appears): _____

Address: _____

City, State: _____

Postal or Zip Code: _____

Telephone Number: _____

Fax Number: _____

Cell Phone Number: _____

E-mail Address: _____

Credit Card Information

Credit Card Type: ☐ Visa ☐ Master Card Expiration Date (MM/YY): _____ / _____

Card Number: _____ Postal code: _____ CVV: _____

Courier Charge: _____

Amount of Charge: _____

Total Charge(s): _____

Invoice Reference Number(s):
PAPS OR PARS OR HCGH LABEL ORDER

Client Authorization

Authorized by (please print): _____

Title of Authorized Person: _____

Signature: _____ Date (MM/DD/YYY): / /

For BCB International Use Only

File Ref #: _____ Customer #:_____

Credit Card Processor: _____ Comments: