



## 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 the PAPS desk at:  
FAX: (716)-884-5703 E-MAIL: paps@bcbinternational.com

### Client Information

Company Name: \_\_\_\_\_

Name on Card (exactly as it appears): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_

STAPLE RECEIPT  
HERE

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: \_\_\_\_\_

Courier Charge: \_\_\_\_\_

Invoice Reference Number(s):

Amount of Charge: \_\_\_\_\_

**Total Charge(s):** \_\_\_\_\_

### Client Authorization

Authorized by (please print): \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (MM/DD/YYYY):        /        /

### For BCB International Use Only

File Ref #: \_\_\_\_\_ Customer #: \_\_\_\_\_

Credit Card Processor: \_\_\_\_\_ Comments: