

Credit Card Processing and Authorization Form

- Please complete this form
 Print and sign the form
- 3. Fax or e-mail a scanned copy to Roxanne Trietley at: FAX: (716)-884-5703 E-MAIL: roxannetrietley@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:	Invoice Reference Number(s):		
Amount of Charge:			
Total Charge(s):			
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:		