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Credit Card Authorization Form

Company Name: _____

Type of Card: _____ Card : _____

Name on Card: _____ Exp Date _____ CVN# _____

Billing Address: _____

City, State, Zip: _____ Phone Number: _____

Email: _____

This form authorizes Choice Cleaning Supply, Inc. DBA Kim Paper, Inc. to charge you/your company's credit card for the purchases of supplies, equipment, or services.

Purchase Description (types of products):

Shipping Locations:

Signature: _____ Date: ____ / ____ / ____