



Credit Card Authorization Form

I, _____, hereby authorize Poly Bag Planet, Inc, to charge my credit card for the amount invoiced.

Customer Company Name: _____

DISCOVER VISA MasterCard

Credit Card Number:

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ Country: _____

Telephone: () _____

Email: _____

Cardholder's Signature _____ Date _____

PLEASE FAX THIS FORM TO: 1-877-722-7079

As the credit card holder, I also authorize Poly Bag Planet, Inc. to charge my credit card for future purchases verbally (or written) approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Poly Bag Planet, Inc. will keep all information entered on this form strictly confidential.