

PRIMO PACKAGING

# Credit Card Payment Form

**Instructions:**

- 1) Complete our Credit Card payment Form.
- 2) Fax the completed form to Primo Packaging, (951) 698-8870.
- 3) Confirmation of payment & a copy your receipt will be mailed to you within 2 business days.



**AUTHORIZATION TO CHARGE**

I, \_\_\_\_\_, hereby authorize PRIMO PACKAGING  
to Charge \$ \_\_\_\_\_ to my credit card.

**COMPANY INFORMATION**

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

Invoice Number: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**BILLING INFORMATION**

Name on Card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Type: (check one)    VISA\_\_\_    MASTERCARD\_\_\_    DISCOVER\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: (mm/yyyy)    \_\_\_\_\_ / \_\_\_\_\_

Signature Panel Code: (3-digit code on back of card) \_\_\_\_\_

**SIGNATURE**

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Retain a copy for your records. Signed faxed form is considered an original copy.*