

## Credit Card Authorization Form

The cardholder's signature is required for our accounting files to proceed with future orders. Please complete all requested information below legibly and return by fax to RiteMade Paper Inc.

**\*\*\*\*Fax Authorization to 800-245-7276, along with a copy of the front and back of credit card**

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

**Company Address:** \_\_\_\_\_

**Company Telephone:** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

### Primary Card

**Credit Card Billing Address:**

**Street Address:** \_\_\_\_\_

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

**Name/Company as noted on card:** \_\_\_\_\_

**Type of Card (circle one):**      **Visa**                      **MasterCard**                      **Discover**                      **Amex**

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Authorized credit limit:** \_\_\_\_\_ **CCV Code:** \_\_\_\_\_

**Daily Credit Card Limit (if applicable):** \_\_\_\_\_

I verify the credit card used to purchase product from RiteMade Paper, Inc. belongs to me and I am the authorized signatory on this credit card account. I understand this authorization remains in force until canceled in writing by RiteMade Paper or myself and or upon expiration date and that such cancellation will not become effective until after all orders placed prior to the cancellation have been charged. If expiration date should expire no merchandise will be shipped unless new expiration date is provided with new card copy. My true and correct signature is below, which is my authorization to use the above-noted card.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign and fax to: **800-245-7276 – Attn: Credit Department**  
or digitally sign and submit.

**RiteMade Paper Converters, Inc.**  
**Attn: Credit Department**  
**2600 Bi-State Drive**  
**Kansas City, KS 66103**