



Experts in custom packaging

8655 South 208th St.

Kent, WA 98031

Phone: 253-850-5270

Fax: 253-850-3545

My Credit Card is to be billed upon receipt of merchandise ordered from Express Tubes unless other payment methods have been arranged prior to this time. I,

Credit Card Payment Authorization

(please print name) _____ authorize my Credit Card to be billed for payment of merchandise and/or transportation of my merchandise as follows.

Account Name: _____

PO Number

Invoice Number

Dollar Amount \$

PO Number	Invoice Number	Dollar Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

3-digit V Code (on back of card in the signature panel): _____

Name Shown on Credit Card: _____

Credit Card Billing Address: _____

City, State and Zip Code: _____

Card Holders Signature: _____ Date: _____