

CREDIT CARD AUTHORIZATION FORM.



ABOUT THIS FORM

When an order needs to be shipped to an address different from the billing address, or for orders over \$100, **GLUE360** needs to obtain written authorization from the purchaser (much like signing a charge slip in a local store.) Please complete and fax this form back to **GLUE360** at the fax number listed below. For alternative address issues, in lieu of this form, you can contact your credit card provider and have them add the ship-to address you desire to your account. We must be able to get an approval code from them using that address so that **GLUE360** can process payment and ship your order.

BEFORE RETURNING THIS FORM, PLEASE MAKE SURE YOU:

- ⇒ Complete the form by printing legibly with a dark pen, filling all billing and shipping fields to the right **COMPLETELY**. Make sure you have included the order or item number so that we can reference your payment to an order in our system.
- ⇒ Sign with the credit card holders signature.
- ⇒ Include a photocopy of the front and back of the signed credit card. This is required to prove that you are the actual cardholder and have the card in your possession, as well as match the credit card holders signature with the one provided below.
- ⇒ **FOR ORDERS OVER \$500** - Include a copy of your state issues ID card with photo or drivers license and signature. Not required for orders under \$500.

Company Information

Contact Name: _____
Company: _____
Order / Item Number: _____

I, _____, hereby authorize **GLUE360** to charge my credit card in the amount of \$_____ and include any shipping and/or taxes if applicable.

Type of Card: _____
Credit Card Number: _____
Expiration Date: _____ CVC Code: _____

Please Note - CVC Code is the last three digits of the number located on the back of your MasterCard, Visa, or Discover card. For American Express, please use the four digits found in the upper right hand corner on the front of the card.

Credit Card Billing Address

Street: _____
City: _____ State: _____
Zip/Postal Code: _____
Telephone: _____

Requested Shipping Address

Street: _____
City: _____ State: _____
Zip/Postal Code: _____
Telephone: _____

As the credit card holder, and by signing below, I hereby authorize receipt of merchandise at the shipping address above.

Cardholders Signature: _____
Date: _____

Complete This Form and Fax
All documents required to:
833-360-3607 | info@GLUE-360.com

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by our company.