

11240 Melrose Avenue ♦ Franklin Park, IL 60131 ♦ Phone: (800) 392-3557 ♦ Fax: (847) 451-0458 ♦ E-mail: service@ex-cell.com

CREDIT CARD AUTHORIZATION FORM

DATE: _____

TO: EX-CELL KAISER LLC ATTN: _____ FAX: 847-451-0458

COMPANY NAME: _____ Account #: _____

SHIPPING ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE CHARGE MY (check one) VISA _____ MC _____ AMEX _____ DISCOVER _____

ACCOUNT #: _____ EXP. DATE _____

3-Digit CVV Security Code (on back of card in signature panel) _____ * Must be included.

PRINT NAME OF CARDHOLDER: _____

BILLING ADDRESS: _____

(MUST INCLUDE CITY, STATE & ZIP CODE) _____

*AUTHORIZED SIGNATURE: _____

OR

AMOUNT TO BE CHARGED: _____

Please apply to the following invoices/P.O.:

INVOICE #: _____ CUSTOMER P.O. #: _____ \$ _____

INVOICE #: _____ CUSTOMER P.O. #: _____ \$ _____

THANK YOU FOR YOUR BUSINESS!

By signing and returning this Credit Card Authorization to Ex-Cell Kaiser, you are authorizing us to charge this Credit Card for any future Cash In Advance orders or charge any invoices on open terms which are 30 days or more past due, unless we are notified prior to the charge, in writing.

Account payments made via Credit Card do not qualify for any cash discounts and will also incur a 3% processing fee.