



Credit Card Authorization

I, the undersigned, authorize INKFILLING.COM to accept my credit card for payment.

Date: _____

Company Name: _____

Print Name as it appears on Card: _____

Card Type: _____

Visa Master Card AmEx

Discover Other:

Credit Card #: _____

Expiration Date: Month Year

Amount to be applied to Card: \$ _____

Signature: _____

** If you are paying by Credit Card this must be filled out, if it is not filled out or filled out incorrectly this will delay shipment.

Terms and Conditions:

Return Authorization Numbers are needed to return merchandise. 15% restocking charge on returned merchandise. Prices subject to change without notice. Any Drop Shipping will have a 10% processing fee added in addition to the freight charges. If Minimum Order is not met, freight charges will be added to the invoice.

Additional Comments: