

# PASSION

LABELS AND PACKAGING INC.

1223 Tallevast Rd.  
Sarasota, FL 34243  
Ph. 941-312-5003  
Fax. 941-312-5059

## Credit Card Authorization For One-Time Charges

Please complete the below Credit Card Authorization, and electronically sign below.  
Please feel free to contact your Customer Service Rep or Sales Rep if you have any questions.

Date: \_\_\_\_\_

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

Name on Credit Card: \_\_\_\_\_ (exactly as it appears on the card)

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Card's Statement Address: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ (mm/yyyy) CVV#: \_\_\_\_\_

Credit Card Type:



Visa



Mastercard



Discover



American Express

Please complete, sign and return this Credit Card Authorization Form to confirm the order for production. You may complete and sign electronically or print it out and complete and sign the hard copy.

I authorize Passion Labels and Packaging Inc. to charge the credit card indicated above in the amount of

\$ \_\_\_\_\_ on \_\_\_\_\_.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Highly Confidential and will be shredded after used one-time.