



INTEGRA
FABRICS

Credit Card Authorization

To be completed by the customer

The undersigned gives Integra International, Inc. authorization to bill their credit card for purchase orders placed.

Company Name: _____

Billing Address: _____

(Please note that the billing address and zip code must match the billing address for the credit card.)

Please circle credit card type



Credit Card No: _____

Expiration Date: _____

VCode (Security Code): _____

Name on Card: _____

Cardholder's Phone Number: _____

Invoice/Sales Order #: _____

Authorized Signature:

_____ **Date:** _____

Order Total: _____

2% Convenience Fee: _____

Grand Total: _____