



Authorization for Payment by Credit Card

MasterCard, Visa, American Express, Discover

The following information must be completed in order for us to process your payment by credit card (MasterCard, Visa, American Express, Discover).

COMPANY NAME _____

ADDRESS _____

CREDIT CARD NUMBER _____ CVV _____

DATE _____ EXPIRATION DATE ____/____/____

NAME ON CREDIT CARD _____

BILLING ADDRESS _____

(please include zip code) _____

AMOUNT AUTHORIZED TO CHARGE ON CREDIT CARD \$_____.

PROJECT NAME/NUMBER _____

INVOICE NUMBER(S) _____

AUTHORIZED SIGNATURE _____

Any information you furnish us will be held strictly confidential and used only in processing your payment by credit card for your project. Please fax back your reply to (713) 477-9876 at your earliest convenience. We appreciate your business and will be happy to process your payment at any time.

Thank you,
Houston Label