CREDIT AUTHORIZATION FORM

Mail or fax form with payment to:

Resource Rags / Astro Screen Printing - Accts. Payable
22 Torlake Cres. - Toronto, ON - M8Z 1B3
P: (416) 256-1227 F: (416) 256-5782

Please submit the following information for order processing (All Fields are required unless otherwise stated):

Company Name:		**Contact:**
Address:		
City:	**State/Province:**	**Zip:**
Telephone:	**Fax:**	
Email:		

METHOD OF PAYMENT: *(check one)*

- ☐ **VISA**
- ☐ **MASTERCARD**
- ☐ **AMERICAN EXPRESS**
- ☐ **CHECK** **Check No:** _____

Account Number: | | | | | | | | | | | | | | | | | **Expiry:** | | |

Cardholder's Name:
Cardholder's Signature:
Cardholder's Billing Address:
City/State or Province/Zip or Postal Code:

Other Authorized Signers: *(field not required)*

Name (Printed): _____ **Signature:** _____

Name (Printed): _____ **Signature:** _____

Name (Printed): _____ **Signature:** _____

Credit References:

Company Name: _____ **Phone:** _____

Company Name: _____ **Phone:** _____

Company Name: _____ **Phone:** _____

NOTE: BY FILLING OUT CREDIT INFORMATION YOU ARE AGREEING THAT RESOURCE RAGS/ASTRO SCREENPRINTING IS PERMITTED TO MAKE CHARGES TO YOUR ACCOUNT ACCORDING TO ANY ORDERS MADE TO RESOURCE RAGS/ASTRO SCREENPRINTING. PLEASE NOTE THAT YOU WILL BE CONTACTED UPON COMPLETION OF YOUR ORDER PRIOR TO SHIPMENT TO CONFIRM YOUR PAYMENT AND NO CHARGES WILL BE MADE TO YOUR ACCOUNT UNTIL WE HAVE RECIEVED PERMISSION FROM ANY OF THE AUTHORIZED INDIVIDUALS AS ASSIGNED ABOVE. ALL ORDERS ARE SUBJECT TO A 20% CANCELLATION/RESTOCKING FEE.