



# EXTRUTECH PLASTICS, INC.

*"Custom Extruder of Close Tolerance Profiles"*

## MASTERCARD / VISA - CREDIT CARD AUTHORIZATION

(We Do Not Accept American Express or Discover)

**Please complete the information below and return this sheet to us via FAX at 920/652-1134**

<b>Sold To:</b>	<b>Ship To:</b> (If different from Billing Address)	
Firm Name _____	Firm Name _____	
DBA _____	DBA _____	
Address _____	Address _____	
City/State _____	City/State _____	
Zip _____	Zip _____	
Email _____	Email _____	
Phone _____	Phone _____	
Fax _____	Fax _____	
Date: _____	Customer No.: _____	Order No.: _____
Customer P.O. No.: _____	Quote No.: _____	

Total Estimated Material Value \$ \_\_\_\_\_

Freight: \_\_\_\_\_

Additional Charges \_\_\_\_\_

Total Estimated Order Value \$ \_\_\_\_\_

**This is to authorize Extrutech Plastics, Inc. to charge my purchase of profiles and/or other materials to the credit card provided with this order.**

Name as Printed on Card: \_\_\_\_\_

Cardholder Full Address & Telephone (Please list billing address associated with card): \_\_\_\_\_

**Mastercard/Visa Numbers:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_ (Month & Year)      3 Digit Security Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signature Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR CREDIT CARD STATEMENT WILL REFLECT A CHARGE FROM EPI 04**

EPI Use Only: Authorization No. \_\_\_\_\_ Date: \_\_\_\_\_

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www.epiplastics.com *New Website!* • email: [info@epiplastics.com](mailto:info@epiplastics.com)

rev3-08232016sw