



**EXTRUTECH PLASTICS, INC.**

*"Custom Extruder of Close Tolerance Profiles"*

## **CREDIT CARD AUTHORIZATION**

**Prior to your order being placed into production you must have a customer account number with us. (Please see New Customer Information Sheet.)**

If you already have a customer account number with Extrutech, you may place your order on your credit card. It is our company policy that this Credit Card Authorization form be completed with your signature prior to your order being placed into production.



**EXTRUTECH PLASTICS, INC.**

*"Custom Extruder of Close Tolerance Profiles"*

**CREDIT CARD AUTHORIZATION**

Please complete the information below and return this sheet to us via FAX at 920/684-4344

<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: \_\_\_\_\_

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

Expiration Date: \_\_\_\_/\_\_\_\_ (Month & Year)

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

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

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

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

*Your order cannot go into production without all of the above information.*

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[www.epiplastics.com](http://www.epiplastics.com) – email: [extrutech@lakefield.net](mailto:extrutech@lakefield.net) – 888/818-0118