



***Credit Card Authorization
For One-Time Charges***

Please e-mail the completed form to accounting@southlandlabel.com.

Please feel free to contact your Sales Rep if you have any questions.

Date: _____

Company Name: _____

Name on Credit Card: _____ (exactly as it appears on the card)

Email: _____ Phone #: _____

Your Card's Statement Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration Date: ____ / ____ (mm/yyyy) CVV#: _____

Credit Card Type:



Visa



Mastercard



Discover



American Express

Please complete, sign and return this Credit Card Authorization Form to confirm the order for production.

I authorize Southland Label & Packaging to charge the credit card indicated above in the amount of

\$ _____ on _____ .

Authorization Signature: _____ Date: _____