



1405 S. Albert Street • Allentown, PA 18103

1-888-288-TOYS

Job Number: _____

Invoice #: _____

Sending Check: yes no

Payment: partial full amount

CREDIT CARD PAYMENT AUTHORIZATION FORM



Approval Code _____

Credit Card Number: _____

Card Expiration Date: _____ CVV Number (last 3 digits listed on signature panel) _____

Name of Card Holder: _____

Business Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Holder Signature Card Holder Title

Date

Amount of charge: \$ _____

We, the customer, as the above listed company wish to use the below referenced credit (procurement) card in payment of Customer's invoices due Artistic Toy Manufacturing, Inc. from time to time. We, the Customer, agree that any disputes what-so-ever regarding the manufacture, delivery, quality, pricing, and/or any other issues regarding obligations due Artistic Toy Manufacturing, Inc. will be resolved directly between the above mentioned Customer and Artistic Toy Manufacturing, Inc. Therefore, as part of this Agreement, we, the Customer, stipulate we will not generate chargebacks through our credit card company and a facsimile signature is to be considered as an original.

PLEASE FAX TO: 484-664-7796 ASAP

Would you like us to keep this on file for future jobs? yes no

Should it become necessary, we also authorize Artistic Toy Manufacturing, Inc. to debit the following credit card for payments due Artistic Toy Manufacturing, Inc. which include the following charges, but not limited to the following, photography, print production, samples, freight, postage, taxes, and any other customer incurred charges as billed by Artistic Toy Manufacturing, Inc. Please also note an additional 3.5% convenience fee may be requested for specific types of job orders.

Internal Reference: _____