

Watkins

& Associates, Inc.

- Adhesives
- Release Agents
- Sealants

Since 1953

Credit Card Authorization

In order to process any orders using a credit card this form must be completed in full. Incomplete and/or unsigned forms will not be accepted.

Company Name: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Type of Card: Visa MasterCard American Express

Account Number: _____ Exp Date: ____ / ____

Card Holders Name: _____

Signature of Card Holder: _____

Billing address of card holder:

(Note: this address must match the billing address for the card used)

Authorized User(s) (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

I authorize the use of the credit card(s) listed above and agree to pay all charges derived from any material, expedite fees or transportation charges, purchased from or provided by Watkins & Associates, Inc. according to the card issuer agreement(s).

All information regarding credit card purchases is considered confidential and kept in a secure location according to the Watkins & Associates, Inc security agreement(s).