Credit Card Authorization Form

All Florida Paper, LLC
Fax: (305) 755-4833 or creditapplication@allfloridapaper.com
4121 W 91 PL, Hialeah, FL 33018
Questions? Call (786) 594-4587

ALL FLORIDA PAPER

Date of Charge

Customer Name

Account No.

Type of Credit Card (please circle one) ☐ Visa ☐ Mastercard ☐ American Express

Credit Card No.

Expiration Date

CVV2

Invoice Referenced

Amount Paid

☐ YES ☐ NO

Automatically charge this credit card for my weekly invoices.

Save Time and Hassle

Name as it Appears on Credit Card

Customer Email (for notification)

Billing Address of Credict Card

City

State

Zip

Billing Country

Phone No.

I authorize All Florida Paper, LLC to charge my credit card.

By signing this, I acknowledge the charges described in this form including a 3% processing fee, assume full responsibility for said charges and agree to honor and abide by the terms of payment.

Authorizing Signature