



**MAGIC PLASTICS, INC.
CREDIT CARD AUTHORIZATION FORM**

DATE _____

COMPANY NAME _____

ATTN _____

CARD NUMBER _____

EXPIRATION DATE _____

AMOUNT _____

TYPE OF CARD (Circle One) VISA MASTERCARD

NAME ON CARD _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF CARDHOLDER* (As it appears on the card)

*By signing this form, you authorize Magic Plastics, Inc. to charge your credit card the dollar amount listed above. Please note that all sales are final.