



Credit Card Authorization Form

US Polymers Inc
1057 S. Vail Ave , Montebello, CA 90640
Tel: 323-728-3023 , Fax: 323-727-6811 www.uspolymersinc.com
Email to: AR@uspolymersinc.com

Account Name	Account #	Telephone #	Email Address

A credit card authorization form is required on file to ensure orders do not get delayed.

I, _____ authorize U.S. Polymers Inc to charge my credit card for agreed-upon purchases and services rendered. I understand that my payment information may be kept on file for future transactions and that this authorization will remain active until I provide written notice of cancellation. Charges will be applied for the outstanding balance of my account when payments come due (e.g., monthly, upon invoice), based on the terms agreed upon for the goods or services provided. I understand that payment amounts will vary based on my usage/invoices, and I authorize charges for the outstanding balance when payments come due.

I certify that I am the authorized user of the credit card provided.

Card Holder Name _____ **Billing Address** _____

Credit Card Type _____

Credit Card _____ **City** _____

Expiration Date _____ **Zip Code** _____

Cardholder Signature: _____ **Date:** _____

All orders over \$7,500 will be charged a 3% processing fee