E.H. Teasley & Co., Inc.
Inkjet Printing International, LLC
4443 Simonton Road, Dallas, TX 75244
214.421.7633 phone . 214.421.5833 fax
www.ehteasley.com . www.inkjetintl.com

CREDIT CARD AUTHORIZATION FORM

Date

Legal Company Name

Company Contact Name (person completing form) **/ Title**

Phone #

Mobile #

Fax #

Email

Would you like invoices emailed? ☐ Yes ☐ No

If yes, what email address?

Credit Card Billing Address (where CC Stmt is sent) **- Company Name**

Cardholder Name (as it appears on card)

Billing Address

Suite / Building / PO Box #

City **State** **Zip**

Type of Card: ☐ Amercian Express ☐ MasterCard ☐ Visa ☐ Discover

Card # _____

Expiration Date _____/_____ **CVV2#** _____ _____ _____ _____
(CVV2 # is last 3 digits on back of MC/Visa or 4 digits on front of AMEX)

_____
Authorized Cardholder Signature / Printed Name of Cardholder

This form is to be completed by an authorized credit card holder for the credit card described above. By filling out this form you agree to all of the conditions set forth by E. H. Teasley & Company, Inc. / Inkjet Printing International, LLC. All requested information is required. Upon approval, we will automatically bill your credit card and your charges will appear on your monthly credit card statement.

You may cancel this automatic billing authorization at any time by contacting us.

****Being the cardholder or Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize E.H. Teasley & Company, Inc. / Inkjet Printing International, LLC to charge my credit card, for product/services provided. I further agree that in the event my credit card becomes invalid, I will provide E.H. Teasley & Company, Inc. / Inkjet Printing International, LLC with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to E.H. Teasley & Company, Inc. / Inkjet Printing International, LLC.*

PAYMENT TERMS AND AGREEMENT:

Payment Terms: Past due amounts are subject to a finance charge of 1-1/2% per month or the maximum rate allowed by State Law. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees and cost of suit incurred. Returned materials will be subject to a restocking charge. Returned checks are subject to return check fees. Customer agrees to pay a time-price differential at a percentage rate of 25% of the total of the delinquent invoices when the invoices become past due. These charges are construed as time-price differentials and therefore these charges are not to be considered interest.

Any claims of errors or discrepancies in the billings must be submitted to our office in writing within 5 days of receiving the product otherwise , all such objections are deemed waived and the account will become stated.

Cardholder's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our payment terms.