



label resources

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Credit Card Authorization

This form serves as authorization for Label Resources to charge your credit card. This card number will be kept on file and used for all future transactions until we are notified by your company to discontinue this method of payment. Please fill in the following information using Adobe Reader, or simply, print out and fill in and return to the attention of **Accounts Receivable**.

Credit Card Information

Company Name: _____

Card Type:   Keep on File: yes no

Credit Card Number: _____ Expiration Date (m/y): _____

Name on Credit Card: _____

Billing Address: _____

I/We hereby give to Label Resources authorization to charge the above credit card for the following invoice(s):

For the amount of: \$ _____

We appreciate your business and look forward to working with you. If you have any questions regarding this form, please contact our Accounts Receivable department.

Fax (604) 574.1479
Phone: (604) 574.1469
email: accountsreceivable@labelresources.com

Must be using adobe reader to submit electronically. [Click here for a quick and easy download for Windows or OS X.](#)