



accounts@inkwell-impressions.com
www.inkwell-impressions.com

Business Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____

Fill out the card(s) you want us to use (now & or future):

CARD 1:

Card Number: _____
Exp Date: _____
Cv Code: _____
Name on the Card: _____
Billing Address: _____
City, State, Zip: _____

Keep it on file for future

Only for PO #: _____ Value: _____

CARD 2:

Card Number: _____
Exp Date: _____
Cv Code: _____
Name on the Card: _____
Billing Address: _____
City, State, Zip: _____

Keep it on file for future

Only for PO #: _____ Value: _____

Comments (if any):

By signing this form I authorize Metro Textile to charge above credit card(s) for above mention Purchase Order(s) or to keep the card(s) on file (if option selected). If a value is revised due to qty change or shipping charge adjustment or price revision or any other reason, Metro Textile is authorized to charge the card accordingly.

Card Holder's Name: _____

Card Holder Signature: _____ Date Signed: _____