



Credit Card Payment Authorization Form – Multiple Use

Sign and complete this form to authorize QSPAC Industries, Inc. to debit your credit card listed below.

With my signature below, I hereby authorize QSPAC Industries, Inc. to maintain a record of my Credit Card information and to charge my credit card for goods and/or services ordered from time to time by myself or by others, either in writing, by telephone, fax or email. I understand this Credit Card will be charged for each purchase order that QSPAC receives on or after the order ships.

I authorize the persons named below, if any, to place purchase orders on my behalf, and hereby authorize QSPAC to charge this Credit Card for the orders the named person may place from time to time either in writing, by telephone, fax or email. QSPAC may continue to accept orders from any below named person until informed otherwise in writing.

Please complete the information below:

Account Type: _____ Visa _____ MasterCard

Company Name _____

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

Billing Address _____

City, State, Zip _____

Authorized Names: The following persons have authority to use this credit card.

1. _____

2. _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.