

CREDIT CARD AUTHORIZATION FORM

**SIMPLIFY ink.** consulting services

Simplify your world. Simplify your life.



**SIMPLIFY ink. LLC and Packaging Validators LLC**

[www.SIMPLIFYink.com](http://www.SIMPLIFYink.com) [www.ValidatorsLLC.com](http://www.ValidatorsLLC.com)

15062 Bainbridge Court | Westfield, IN | 46074

Phone: 317-627-4894

Completion of the below authorizes payment in the amount of: \$ \_\_\_\_\_  
IN Sales Tax: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**Order Section:**

Payment Type: Credit Card  
Transaction Type: Sale  
Card Number:  
Expiration Date:

CVV2:  
Customer Code:  
Invoice Number:  
Description:

**Billing Address:**

Company:  
First Name:  
Last Name:  
Address 1:  
Address 2:  
City:

State/Province:  
Postal Code:  
Country:  
Phone:  
Email Address:

**Shipping Address if different from Billing Address:** Copy from billing

Company:  
First Name:  
Last Name:  
Address 1:  
Address 2:  
City:

State/Province:  
Postal Code:  
Country:  
Phone:  
Email Address:

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_