




Credit Card Billing Information:		
[Your Company Name]/ Name:		
Person Authorizing:		
Credit Card Type	MasterCard [<input type="checkbox"/>] Visa [<input type="checkbox"/>] AMX [<input type="checkbox"/>] <div style="text-align: right;">    </div>	
Credit Card Number:		
Enter CVC Number:		
Expiration Date :		
State/ Province:		
Bill Zip/Postal:		
Phone Number:		
Fax Number:		
E-Mail:		
CC/BCC:		
OTHER:		
Please Select one of the Following Payment Option:		
Once	Bill My Credit Card once for the following Amount.	
	Please apply this payment for the following insertion Order/Invoice #:	
Monthly	Bill my credit card once per month for the amount of service provided each month for all services rendered with Shred Source.	
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at SHRED SOURCE discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to accounting@shredsource.com</p> <p>Charges in the status of this card can also be reported to gabriel@shredsource.com</p>		

The undersigned is the duly authorized representative of the [YOUR COMPANY NAME] above.

Authorized Signature: _____ Date: _____