



2331 Randon Dyer Rd., Rosenberg, TX. 77471-2407 USA, Tel: 713-559-0570, SCHCi.com

Today's date: _____

Credit Card Authorization Form

Please completely fill out and email back to us at: receivables@SCHCi.com or fax to:

713-559-0579. Bill to (This is where your credit card bill is sent to):

Attention _____ Firm Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E Mail _____

Type of credit card being used: (circle the one that applies):

MasterCard VISA Discover American Express

What type of card is this: (Circle the one that applies): Credit Debit

Account number: _____

Security Code or V Code (last 3 digits on back of card for Visa or MasterCard and on American Express the last four digits above the main number on the front of the card, on the right side of the American Express card): _____

Cardholder Name: _____ Expiration Date: _____

*The current total charge amount in US Dollars is: _____

***SCHC** will apply a 3.4% credit card convenience fee on the above total charge amount and future credit card payments. Agreed Yes: ____ or No: ____

You agree to allow **SCHC**, A D/B/A for Houston Carton, Incorporated and or Schulze Container, NO. 2 L.P., to keep your Credit/ Debit card data on file in our secured database and to be used for your future authorized purchases. Yes: ____ No: ____

***Authorized Cardmember Signature:** _____

Cardmember gives permission for **SCHC**, a d/b/a of Houston Carton, Incorporated and or Schulze Container, NO. 2 L. P., to charge the amount of the total shown here plus the convenience charge and agrees to perform the obligations set forth in the cardmember's agreement with cardmember's credit card, issuer.

SCHC appreciates your business always!