



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](mailto: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!