Welch Packaging Group

Customer Credit Card Information

*Customer Name: _____

*Credit Card Type: _____ Visa _____ Master Card _____ Amex _____ Discover

*Credit Card Number: _____ / _____ / _____ / _____

*Expiration Date: _____ / _____

Invoice # if applicable _____ $_____

*Name On Credit Card: _____

*Address where credit card statement is sent: _____

_____

*Do you want all invoices on credit card? YES ☐ NO ☐

*Do you want a copy of the invoice(s)? YES ☐ NO ☐

Email address: _____

Fax number: _____

* Indicates mandatory information-cannot process without

**Please fax or email completed form to Brenda Bloomer at f:574-296-6874
em: bloomerbl@welchpkg.com**

If you have any questions, please call 574-970-4537