Welch Packaging Group

Customer Credit Card Information - - PLEASE PRINT

*Customer Name: _____ _____

*Credit Card Type: _____Visa _____Master Card _____Amex _____Discover

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

*Expiration Date: _____/_____

 * Is there a daily limit? Y or N
 * Is there a limit on point of sale purchases? Y or N
 If yes to either, do we need to charge the card in more than one transaction? Details
_____

*Name on Credit Card: _____

*Address where credit card statement is sent: _____

*City: _____*State: _____ *Zip Code: _____

*Email address:_____

*Telephone number:_____

Invoice # if applicable _____ $_____

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

        (note if you have credit card terms, ALL invoices will be paid via this credit card)

If you are submitting this for the first time, please also send a copy of your W-9 and your sales tax-exempt certificate (if applicable).

* Indicates <u>mandatory</u> information. We must have complete information to process.

**Please email completed form to Accounts Receivable Department:
AmtechAR@welchpkg.com**