

# EUROGLASS Protective Products

## CREDIT CARD PAYMENT FORM

To settle your outstanding balance with Euroglass, please complete this form,  
e-mail to: neileuro@aol.com or fax to 863-675-3443

-The maximum amount to be paid via credit card is \$2000.00

-Amounts over \$2000.00 require additional documentation, including:

- 1 A photocopy of photo id to match the name on credit card
- 2 A photocopy of the credit card front and back
- 3 Completion of additional declaration at the bottom of this form

\_\_\_ Visa \_\_\_ Master Card

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

SEC Code: (3 numbers on back of card) \_\_\_\_\_

Card holders Name as appears on card (please print) \_\_\_\_\_

Card billing address \_\_\_\_\_

Card holder's signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Company Name \_\_\_\_\_

Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_ Invoice # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### **Additional Information for over \$2000.00:**

By completing this credit card payment, you authorize Euroglass Protective Products to charge your credit card for payment of the goods and or service discribed above.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ Company accept the charge for

\_\_\_\_\_  
Accept my signature and a copy of my credit card & id. as approved for Euroglass to process this transaction.