

EUROGLASS Protective Products

CREDIT CARD PAYMENT FORM

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

-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.