IPW Product Development, Inc.
tel: 949.289.2316 fax: 877.407.1151
www.InnovationProducts.biz

innovation products

Credit Card Payment Authorization Form

To: A/R Dept Date: / /20

Fax: 877.407.1151 From: _____

Company: Innovation Products Company: _____

Order Description: _____

Dear Valued Customer,

To process orders that have been pre-approved for Credit Card payment, this form must be fully completed by the cardholder to prevent fraudulent charges to the account. This information will remain confidential and will reside in a secure area only accessible to the credit department. Please return this form to the Accounting Department at your earliest convenience.

Thank you,
Credit Card Processing Department
Innovation Products / IPW Prouct Development, Inc.

Credit Card Information

Card Type: ☐ Visa ☐ Master Card ☐ American Express

Name as it appears on card: _____
First Middle Last

Credit Card Billing Address: _____
Street

_____
City State Zip Code

Credit Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

OR

Credit Card Number: ☐☐☐☐ - ☐☐☐☐☐☐ - ☐☐☐☐☐

Exp Date: ☐☐/☐☐ ID Code: ☐☐☐☐
MM/YY 3 or 4 Digit Code

To Issuing Bank:

This is to advise you that you are authorized to accept orders from Innovation Products and charge the cost of the orders to my credit card account. By signing this document, I/We accept full responsibility for these transactions to ensure full payment to the merchants. I/We will inform you immediately if use of this card is no longer valid.

_____ / /
Cardholder's Signature Date

Please fax this completed form to: **877.407.1151**