



TEXTILE SOLUTIONS INC.

CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ authorize POLYSOLS INC to charge my credit card
(NAME/COMPANY NAME)

For services rendered. Not to exceed the amount shown (if applicable).

AMOUNT \$ _____ USD. (complete if one time charge only)

CREDIT CARD TYPE MC VISA AMEX DISCOVER (circle one)

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

CREDIT CARD BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

CARDHOLDER'S PHONE #: _____

SIGNATURE

DATE

EMAIL OR MAIL TO:

POLYSOLS INC
851 SIMUEL RD
SPARTANBURG SC 29301
ATTN: KIM SKIPPER
KIM.SKIPPER@POLYSOLS.COM
864-579-4484

Please NOTE (if applicable): This card will remain on file. By signing this form, Polysols reserves the right to process any past due balance via this credit card in the event that your account becomes 15 days past due.