



Call 714-730-8087  
 Fax 714-730-0110  
 cbf@cbflabel.com

## INFORMATION & CREDIT CARD FORM

Company Name _____ Contact _____ Phone _____ Email _____ CBF Sales Rep _____ <b>Samples Shipping Address</b> Street _____ City _____ State _____ Zip _____ <b>Production Shipping Address</b> (leave blank if same as samples) Street _____ City _____ State _____ Zip _____	CBF will ship samples USPS Priority Mail complementary. If you wish to receive samples faster please provide the following information:  UPS _____ FEDEX _____  (Choose one) NEXT DAY EARLY AM <input type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> NEXT DAY SAVER <input type="checkbox"/> 2DAY <input type="checkbox"/> 3DAY <input type="checkbox"/>
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Cardholder Name _____ Credit/Debit Card # _____ Exp Date ____/____/____ CVV Code _____ <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Billing Address/ AP Contact _____ Street _____ City _____ State _____ Zip _____  <p style="text-align: center;"><b>*Any purchase over \$1000 will have a \$25 convenience fee for credit cards only. There is NO FEE for CHECKS or ACH transactions.</b></p>
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Account Holder Name _____ Bank Name _____ Bank Phone (____) _____ Routing # _____ Checking Account Number _____
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*I authorize CBF Labels to withdraw funds from my financial institution in order to receive goods and services. In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.*

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Customer Signature** **Date**

*Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. CBF Labels Inc. will keep all information entered on this form strictly confidential.*

*\*Please note that any orders shipping from CBF to/within the state of California requires a resale certificate to be tax-exempt.*

<b>How did you hear about us?</b>  <i>i.e. Google, Referral, Magic, SIA Outdoor Retailer, LA Textile, Licensing Expo, Other.</i>
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