

ArroChem[®] INCORPORATED

SPECIALTY AND INDUSTRIAL CHEMICALS

P.O. Box 5, 201 Westland Farm Road, Mt. Holly, NC 28120

TEL: 704-827-0216 FAX: 704-822-1150

email: contactus@arrochem.com

CREDIT CARD AUTHORIZATION FORM

ATTENTION CUSTOMER

Our Company Policy regarding accepting credit cards.

We request that all customers, who wish to purchase and/or pay invoices by credit card, please fill out the form below. Your co-operation will be greatly appreciated.

Unfortunately we will be unable to process any credit card payments until this form is filled out and returned to ArroChem. You may return this form by Fax to 704-822-1150 or by email to contactus@arrochem.com. If you have any questions, please call.

Thank You,
Management

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COMPANY NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CARD NUMBER _____ EXP. DATE _____

3 DIGIT SECURITY CODE _____
(USUALLY FOUND ON THE BACK OF THE CARD)

BILLING ZIP FOR CARD _____
(IF DIFFERENT FROM ZIP LISTED ABOVE)

CARD TYPE: VISA MASTER CARD AM.EXPRESS DISCOVER

CREDIT _____ DEBIT _____

TYPE OF CARD: PERSONAL CORPORATE

PRINT NAME ON CARD _____

SIGNATURE: _____

PLEASE LIST BELOW ANYONE AUTHORIZED TO USE CARD:

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

NAME _____ SIGNATURE _____

WE APPRECIATE YOUR BUSINESS AND YOUR COOPERATION.