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### Credit Card Processing and Authorization Form

NOTE- Please complete this form. Print and sign the form. Then fax back ATTN: Jennie Higgins at (716) 884-5703 or email it to jenniehiggins@bcbinternational.com

Company Name \_\_\_\_\_  
 Name on card exactly as it appears \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Postal or Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Cell phone number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Credit Card Type  Visa  Master Card

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY)  /  Courier Charge \_\_\_\_\_

Amount of Charge \_\_\_\_\_

Total of Charge(s)

Invoice Reference #(s) \_\_\_\_\_

**Client Authorization**

Authorized by ((printed name) \_\_\_\_\_

Title of Authorized person \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR BCB INTERNATIONAL USE ONLY**

File Ref # \_\_\_\_\_

Customer #: \_\_\_\_\_

Credit Approval: \_\_\_\_\_

Comments: \_\_\_\_\_