



## Apple Corrugated Packaging, Inc.

1346 North Main Street    Duncanville, TX 75116    Phone: (214) 331-9000    Fax: (972) 263-9728

### CREDIT CARD CUSTOMER AUTHORIZATION FOR BILLING PURPOSES

Company Name: \_\_\_\_\_

Card Type: \_\_\_\_\_  
VISA or MASTERCARD ONLY

Card Number: \_\_\_\_\_  
LAST 3 CHECK DIGITS REQUIRED FROM BACK OF CARD

Expiration Date: \_\_\_\_\_

I do hereby give Apple Corrugated Packaging, Inc. the authorization to bill my credit card prior to shipment of order.

Authorized Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_