



Advanced Poly-Packaging, Inc.

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Recurring Credit Card Payment Authorization Form

You authorize regular recurring charges to your credit card. You will be charged the amount indicated below each billing period. You understand that no payment notification will be provided. Complete, sign and return this form to AR@AdvancedPoly.com.

By signing this form, you grant APPI permission to credit your account for the amount indicated below each billing period specified. This is permission for recurring transactions.

PLEASE COMPLETE THE INFORMATION BELOW

I, _____, authorize **Advanced Poly-Packaging, Inc. (APPI)**, to charge my credit card detailed below,
(Cardholder's Name)

for _____ on the _____ of each _____ for payment of _____ for the duration
(Recurring Amount) (Day) (Interval-weekly, monthly, etc.) (Description)

of _____ or until the account is paid in full.
(Interval-weekly, monthly, etc.)

Billing Address _____

Phone _____

City, State, Zip _____

Email _____

ACCOUNT TYPE: Visa MasterCard Amex Discover

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

BILLING ZIP CODE: _____

SIGNATURE: _____

DATE _____

I grant Advanced Poly-Packaging, Inc. (APPI), permission to charge the credit card specified above according to the terms outlined in this authorization form and will remain in effect until I provide written notice of cancellation. This payment authorization is for the goods/services described above, for the amount indicated above, and will be processed on the schedule specified. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; providing the transaction corresponds to the terms indicated in this form. Any changes to my billing information must be provided in writing at least 14 days before the payment date. Failure of payment may result in late payment fees or the account being sent to collections.

Please email this completed form to: AR@advancedpoly.com