



CREDIT CARD AUTHORIZATION FORM

Please complete the new account onboarding form in full and clearly check (✓) the appropriate box.
Send complete & signed form to salesupport@primointernational.com

COMPANY INFORMATION	Company Name:	Date:
	Phone Number:	
	Account Number:	

CREDIT CARD FORM	Invoice Number Order Number:
	Final Amount in US Currency :
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover
	Cardholder Complete Name (Print):
	Credit Card Number:
	Expiry Date:
	*Card Verification Digits CVV (Found Behind):
Cardholder Signature:	

FOR FUTURE ORDERS	<input type="checkbox"/> YES, I WOULD LIKE PRIMO TO KEEP MY CREDIT CARD ON FILE AS METHOD OF PAYMENT FOR FUTURE ORDERS. PLEASE CHECK THE BOX AND SIGN BELOW
	Cardholder Signature: Date: