Integra Adhesives

Credit Card Order Form

Fax: 604.850.1354

Attention: _____ **Fax:** _____

Visa / MasterCard Authorization

I authorize Integra Adhesives to charge my credit card for products purchased. My authorization information is as follows: Check this box if you would like us to keep your card on file for future orders ☐

Visa / MasterCard Number_____ Expiry Date_____

Name on Credit Card _____Authorized Signature_____

Bill To:	**Ship To:** ☐ **Same as billing**
Federal ID# *	**Purchase Order #**
Email: *	**Phone #** **Fax #**

***Please include your Federal ID # - We are not able to ship without it.**
***A valid Email address will allow us to send you the tracking number for your order**

Quantity	Product	Color	Size	Price	Total

Comments