

***UPDATED ADDRESS AND CREDIT CARD
INFORMATION***

This form is used to update and authorize Posigrip to only use when instructed to charge on account. All orders will be placed by authorized credit card holder unless otherwise instructed.

Company Name: _____

Address: _____

City/State/Zip: _____

Customer Name:

Check here if address is same as above

Billing Address on Credit Card: _____

City/State/Zip: _____

Telephone no.: _____

Account Information:

Card Type Number: _____

Exp. date: _____

3 digit code: _____

This form is in MS Word and can be filled out and saved and emailed to info@posigrip.com or faxed to 702-998-6816.

You acknowledge that you are the owner or authorized signer on the account.

Signature