



CAPITAL WRAPS INC.

Payment Authorization Form

Any Vehicle Type | Full Factory Warranty | Custom Designs | Full Color Digital Graphics | Cost Effective

Type or print clearly. All fields required.

Job Reference Number: _____ (Not sure? Ask your CW representative.)

Amount: \$ _____ (See order confirmation for total.)

Payment Type (CHECK ONE): CHECK DEBIT/CREDIT CARD PURCHASE ORDER

Payment Terms (CHECK ONE):

50% down and 50% day of completion [**STANDARD**]

PO #: _____ PO Issuer: _____

Payment Information:

A/P Contact Name: _____

A/P Telephone: (____) _____ - _____ Email: _____

Card Type:     **KEEP CARD ON FILE FOR FUTURE ORDERS?**

Credit Card Number: _____

Expiration Date (MM/YYYY): ____/____ CVC (3-4 digit code on card): _____

Cardholder Name: _____ Company Name: _____

Card Billing Address: _____

By signing this document, I authorize Capital Wraps to charge the above payment card for 50% of the total as a deposit at the onset of the project. I acknowledge that the remaining balance is due upon completion of the project and authorize the balance to be run on the SAME payment card at that time, unless another payment method is provided in advance. I understand that projects totaling \$500 or less will be charged to the payment card above in full at the onset of the project.

Cardholder Signature: _____ Date: _____

I agree to pay the above total amount to Capital Wraps according to card issuer agreement (or merchant agreement if credit voucher). By signing this Credit Card Authorization Form, I confirm that I have read, understood, and agree to Capital Wraps Terms and Conditions of Supply and Payment. Shipping and handling charges are understood as estimates and will be adjusted with the final invoice. By signing this document, I authorize Capital Wraps to automatically charge or credit the above payment card for the possible shipping and handling adjustments. I agree that I will not dispute any charges from Capital Wraps unless I have already attempted to rectify the situation directly with Capital Wraps and those attempts have failed.

**You will receive a confirmation email for your records once a payment has been processed.
Please contact your sales representative with any questions.**



5812 Triangle Drive, Raleigh, NC 27617 | 919-977-7070 | www.capitalwraps.com

