



P.O. Box 360486, Brooklyn, NY 11236 • Tel: 1-866-544-BAGS • Fax: 718-498-5531

CREDIT CARD AUTHORIZATION

Please fill out the following:

Customer's Name on Card: _____

Credit Card Number: _____

Credit Card Billing Address: _____

Credit Card CCV Number: _____

I authorize CBW SUPPLY to charge my credit card for purchases made on _____, for the amount of _____ dollars.

Cardholder's Signature _____