

VISA / MASTERCARD / AMEX / DISCOVER

Encore Paint Sundry Products – Encore Medical Products – Encore Custom Molding – Midstate Plastics Corporation

Credit Card Authorization Form And Statement Of Understanding

This form must be printed, filled in, signed and returned via mail or fax in order for Encore to process your purchase order by credit card. Fax to Encore at (419) 626-8095 or mail to 319 Howard Drive, Sandusky, Ohio 44870.

If you are a new customer, have not previously ordered by credit card, or your credit card number or expiration date has changed, please complete the credit card information below:

I, _____ hereby authorize Encore Industries, Inc., its subsidiaries and its agents (collectively, "Encore") to charge the credit card account number listed below for the total cost of all product delivered by Encore pursuant to all purchase orders issued by you or the purchasing company named below plus shipping and any applicable sales tax, and any credit card charges incurred by Encore as a result of the provision by you of incorrect or incomplete information or the rejection of such credit card for any reason. By providing this authorization, you hereby authorize us to bill your credit card information on file for all such costs incurred pursuant to all purchase orders placed by you or the named purchaser until a written termination of this authorization is received by Encore.

I certify that I am an authorized signer on this card and that the credit card number and signature below are the same as those on file with the credit card issuer.

Name of Credit Card: VISA MASTERCARD AMEX DISCOVER

Credit Card with security code Number: _____

Last 3 Digits On Back of Card

Expiration Date: (MM/YY) _____

Name as it appears on Card: _____

Billing Address: * _____

City/State/Zip _____

EMAIL: _____

- ***Billing address must be the address used by the credit card company for mailing of credit card statements.***

On Behalf of:

Company Name: _____

Company Address: _____

City/State/Zip _____

Business Phone: _____

Signature of Cardholder

Date: _____

319 Howard Dr. Sandusky, Ohio 44870* Phone: (419) 626-8000 * **Fax: (419) 626-8095**