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CREDIT CARD APPROVAL REQUEST FORM

Date: _____

Company Name: _____

Address: _____

Phone: _____

I _____ hereby authorize Universal Packaging Corp. to apply charges of \$_____ plus shipping charges** (if applicable) for purchases made to my Visa/MasterCard/American Express as per the information I have supplied below:

CARD NUMBER _____

EXPIRY DATE _____

NAME ON CARD (print name exactly as it appears on the card)

SIGNATURE _____

Please fax back to 1 (877) 260-8777

**Until we ship the ware, we do not know the shipping costs. By signing this form you acknowledge and agree to these terms.