

Payment Authorization Form

This form must be completed and faxed back to Name Tag, Inc. at **1-800-272-5730** before your order will be shipped.

Your Name _____
Company Name _____
Telephone Number _____
Order Number (if known) _____
Dollar Amount _____

Payment by Credit Card:

Credit Card Holder's Name _____
Credit Card Number _____
Credit Card Expiration Date _____

Payment by Check:

You must fax a copy of the signed check with this form. You must also mail the check to the address below.

Name on Checking Account _____
Check Number _____
Checking Account Number _____
Bank Routing Number _____
Fraction Number _____
Bank Name _____
Bank Address _____

I authorize Name Tag, Inc. to process my payment for the amount listed on this form. I understand that I am required to mail the signed check to Name Tag, Inc. at the address shown below.

Signature

Date



Name Tag, Inc.

175 West 2700 South, Suite 101, Salt Lake City, UT 84115

Email: nametag@nametag.com
Internet: www.nametag.com

Phone: 800-272-5729
fax: 800-272-5730