Credit Card/Order Authorization Form

IPS Adhesives Ltd.
#4-33759 Morey Avenue Abbotsford, BC V2S 2W5 Canada
IPS Adhesives LLC
455 W Victoria St. Compton, CA 90220 USA
Phone 604.850.1321 Fax 604.850.1354 Toll-Free 888.862.6665

Please email completed form to: contact@integra-adhesives.com

Attention: _____

Bill To:	**Ship To:**	Check Here if Same as Billing ☐
Company	Company	
Address 1	Address 1	
Address 2	Address 2	
City	City	
State/Prov. Zip/Post	State/Prov. Zip/Post	
Phone #	Federal ID #	
Fax #	Email	

Please include your Federal ID# — We are not able to ship to the USA without it.
A valid email address will allow us to send you the tracking number for your order.

Is your company currently using a cartridge based adhesive? ◯ Yes ◯ No
If Yes, please name the brand(s)

Credit Card Information

◯ Visa ◯ Mastercard ◯ American Express ◯ Other

Card Holder Name (As Shown on Card)		
Card Number (As Shown on Card)		
Expiration Date (MM/YY)	Security Code	

What Items Would You Like to Order? Do You Have a PO #? _____

Quantity	Product	Color	Size	Price Each	Total
					0.00
					0.00
					0.00
					0.00
					0.00

I, _____ authorize IPS Adhesives, LLC to charge my credit card
(Print Name)
above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Cardholder Signature Date

I understand that this authorization is valid for the above order (if applicable) and for any subsequent orders and will remain in effect until I cancel it in writing. I agree to notify IPS Adhesives, LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company so long as the transactions correspond to the terms indicated in this authorization form.