

**Tex Visions**

453 Lincoln Street • Carlisle, PA 17013 USA  
Tel: (717) 249-3273 • Fax: (717) 249-4209  
www.texvisions.com • trade@texvisions.com



**Tex Visions Credit Card Processing Form**  
*(Type or print clearly. All fields are **required**)*

Invoice Number: \_\_\_\_\_ (Don't have an invoice number? Please enter Order Confirmation Number)

Your PO Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (See our Order Confirmation or Invoice for total)

Card Type: (check one)



Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY)

CVC/Security Number: \_\_\_\_\_ (3-digit code on back of card (4-digit code for AMEX), following account number)

Cardholder's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ (Address and Telephone number **must** match credit card billing address)

Email: \_\_\_\_\_

*Please print clearly. You will receive a confirmation email for your records once a payment has been processed.*

You can also use Paypal as a payment option:



For Paypal account holders: Use trade@texvisions.com to "Send Money" and reference your OC#/Invoice#.  
For non-Paypal account holders: If you would like us to send you a "Request Money" email, please email us at trade@texvisions.com with the total amount to be paid and your OC#/Invoice#.

I agree to pay the above total amount to Tex Visions according to card issuer agreement (merchant agreement if credit voucher). I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter this billing and purchasing agreement with Tex Visions. By signing this Credit Card Processing Form, I confirm that I have read, understood, and agree to Tex Visions' Terms and Conditions of Supply and Payment. The Terms and Conditions of Supply and Payment are available online on our website www.texvisions.com or upon request. Due to printing technical reasons, all screen printed orders are subject to 10% +/- over or under run. Digitally printed orders will be delivered with exact quantities. Final invoice will reflect exact quantity delivered. By signing this document, I authorize Tex Visions to automatically charge or credit the above Credit Card for the over or under run. Shipping and handling charges are understood as estimates and will be adjusted with the final invoice. By signing this document, I authorize Tex Visions to automatically charge or credit the above Credit Card for the possible shipping and handling adjustments. I agree that I will not dispute any charges from Tex Visions unless I have already attempted to rectify the situation directly with Tex Visions and those attempts have failed.

Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Purchasing Representative Name: \_\_\_\_\_

Purchasing Representative Signature: \_\_\_\_\_

**Fax to: (717) 249-4209** Please call your sales representative if you have any questions.

*(for Tex Visions internal use only)*

Sales Representative Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_ OC#: \_\_\_\_\_

Charged: Yes / No Date: \_\_\_\_\_ By: \_\_\_\_\_ Authorized for production by: \_\_\_\_\_