



**MOLDED PRODUCTS  
INCORPORATED**

INJECTION MOLDING MACHINING ASSEMBLY & PACKAGING

ISO 13485:2016 & 9001:2015  
Certified Quality Management System

**Molded Products, Inc.**

1112 Chatburn Avenue

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web: www.moldedproducts.com

**Credit Card Authorization Form**

I, \_\_\_\_\_, hereby authorize Molded Products, Inc., to charge my credit card account in the amount not to exceed: \$ \_\_\_\_\_.

( ) VISA ( ) MasterCard

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

Expiration Date: \_\_\_\_ / \_\_\_\_ VID Code: \_\_\_\_\_

**Credit Card Billing Address:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

**Requested Shipping Address:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

*As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.*

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Your completion of this authorization form helps us protect you, our valued customers, from credit card fraud. Molded Products, Inc. will keep all information entered on this form strictly confidential.**