

Tex Visions





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www.texvisions.com • trade@texvisions.com



Credit Card Authorization Form
(All fields are required)

Sales Order / Invoice # _____ Customer PO # _____

Amount _____

Card Type _____    

Card Number _____ (3 digit for V/MC/Disc)

Expiration Date ____ / ____ Security Code _____ (4 digit for AMEX)

Name on Card _____

Company _____

E-mail Address _____

Billing Address _____ (Street)
 _____ (City, State Zip)
 _____ (Country)

By signing below, I agree to pay the amount specified above, in accordance with the card issuer agreement. I guarantee and warrant that I am the legal cardholder for the card referenced above, and that I am legally authorized to enter into this agreement. I confirm that I have read, understood and agreed to Tex Visions Terms and Conditions of Supply and Payment, which are available online at www.texvisions.com or upon request.

I understand that, due to printing constraints, all screen printed orders are subject to a 10% overrun or underrun. (Digitally printed orders will be delivered at exact quantities). I further understand that shipping and handling charges as quoted are estimates, and therefore subject to change. By signing below, I authorize Tex Visions to automatically charge this card for screen print overruns or additional shipping cost, or to refund it for underruns or reduced shipping cost.

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.

Cardholder Signature _____ Date _____

Purchasing Rep Signature _____ Name _____

Fax to (888) 836-8179 *Please call your Sales Representative if you have any questions*

Alternate Payment Options



To pay online, please visit www.texvisions.com/paynow. You will need your Invoice or Sales Order Number, as well as the amount you wish to pay.



To make payment from your PayPal account, login at www.paypal.com and Send Money to trade@texvisions.com. Specify your Invoice or Sales Order Number when making payment. Please note that **funds will not be considered paid until they are received**, which may take a few days.

For internal use only:

CSR Initials _____ Date Received _____ OC# _____

Charged Yes / No Date Charged _____ By _____