

# AUTHORIZATION FOR CREDIT CARD PURCHASES

Visa - Mastercard - American Express - Discover Card

To make purchases with your charge card, please fill out the card below and mail it to Novel Products, Inc., at address below or fax it to (815) 624-4866.

**NOVEL PRODUCTS, INC.  
PO BOX 408**

**ROCKTON, IL 61072**

I hereby authorize Novel Products Inc, to charge my charge account for invoices for purchases, and to retain this authorization in my file to be used on future orders until cancelled in writing by me.

Visa     Master Card     American Express     Discover Card

Name (print) : \_\_\_\_\_

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

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_