



CUSTOMER CREDIT APPLICATION

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IBKÜL CREDIT CARD AUTHORIZATION

NAME ON CARD: _____

CREDIT CARD NO: _____

EXPIRATION DATE: _____ CVC CODE: _____

BILLING ADDRESS: _____

PHONE #: _____ CELL #: _____

I, _____, AUTHORIZE THE ABOVE CREDIT CARD
TO BE USED FOR RECURRING BILLING PURPOSES BY IBKUL, Corp.

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE # _____ FAX # _____

SIGNATURE: _____

PLEASE NOTE WE WILL KEEP THIS INFORMATION ON RECORD FOR FUTURE RECORDS.