

CREDIT CARD AUTHORIZATION

DISTRIBUTION NETWORK



MC -811985-B
U.S. DOT NO. 2372533

CUSTOMER INFORMATION & AUTHORIZATION

I, , authorize **(CUSTOMER NAME / DISTRIBUTION NETWORK)** and/or the supplier to charge my credit card for the agreed upon amount stated in the accepted proposal for the following distribution arrangements:

CARDHOLDER INFORMATION

Cardholder Name :

Check One :

☐ VISA ☐ M/C ☐ AMEX ☐ DISCOVER

(Print or type your full name as it appears on card.)

Credit Card Number :

Exp. Date :

M M Y Y

CVV :

Amount Authorized:

Please acknowledge you have attached a copy of the front and back of your credit card.

☐ YES ☐ NO

Signature of Cardholder :

Date :

BILLING INFORMATION

Billing Address :

City :

State :

Zip :

LOCATION INFORMATION

Pick Up Location:

Delivery Location:

DISTRIBUTION NETWORK WILL NOT CHARGE CREDIT CARD UNTIL WE HAVE VERBALLY CONFIRMED DELIVERY WITH THE CARDHOLDER AND SAID PERSON IS SATISFIED WITH SERVICE. **THANK YOU FOR YOUR BUSINESS!**

Signature of Cardholder :

Date :

