



Phone: +1 855 965-8800
Fax: 469-405-3000
Email: info@1120distributing.com

Customer Service Department
Fax: +1 855 965-8800 e-mail : info@1120distributing.com

TO: _____ CUSTOMER ID: _____
FAX: _____ DATE: _____
FROM: _____
SUBJECT: **CREDIT CARD AUTHORIZATION FORM**

If you would like to pay by credit card, please provide the following information, sign the form and fax or email it back to us. Thank you!

COMPANY NAME: _____
CARD HOLDER NAME: _____

CREDIT CARD TYPE: Visa: Master: Discover: Amex: CSV Code: _____

CREDIT CARD NUMBER: _____ EXP DATE _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____

INVOICE: _____ AMOUNT TO CHARGE: _____

INVOICE: _____ AMOUNT TO CHARGE: _____

INVOICE: _____ AMOUNT TO CHARGE: _____

TOTAL AMOUNT TO CHARGE: _____

I am authorizing 1120 Distributing. to charge all future invoices and/or the specified amount to my credit card listed above.

Card Holder Signature

Date