



BUTTICCI ENTERPRISES INC.



CCCFLAVORS



SNICKLEFRITZ



# Credit Card Authorization Form

**I herby authorize Butticci Enterprises Inc to Initiate a credit card authorization from our account.**

Payment Type - Check One AMEX VISA MASTERCARD DISCOVER Payment in the

amount of \$\_\_\_\_\_

This agreement authorizes Butticci Enterprises Inc. to process a credit card payment in the name of the cardholder above. This form requires the signature of the cardholder and must be completed in its entirety.

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Butticci Enterprises Inc. is authorized to maintain information - ☐

Butticci Enterprises Inc. must receive approval prior to use of card - ☐Yes ☐No

Authorized Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Email back to CCCFlavors@gmail.com ATTN:  
A/R Dept. Telephone Number: (706) 217-9946**