

Service Distributing
72-182 Corporate Way
Thousand Palms, Calif. 92276
760/343-0307 ** Fax 760/343-4282

CREDIT CARD AUTHORIZATION FORM
PLEASE FILL OUT AND FAX BACK

Date: _____

Company Name: _____

Address: _____

City: _____ Ca. Zip: _____

By filling out the cardholder section, authorizes Service Distributing to charge the credit card listed below for purchases made with Service Distributing as the amount shown below. Employees picking up any purchases rendered at that time will make the original signature for credit card.

Card Holder Name(s): _____

Credit Card Number: _____

Expiration Date: _____ Amount \$ _____

Check One Amex _____ M/C _____ Visa _____

Signature _____

Address where statement is mailed: _____

Employee Signing for Purchases (Please Print) _____

Drivers License Number _____

PLEASE FAX TO 760 – 343-4282