



Authorization for Credit Card Use (NET 30 Customers)

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card or 4 digits on front of Amex)

Upon providing credit card information, payment will be due within thirty (30) days. If the balance is unpaid after forty-five (45) days of the invoice date, account balance will be charged to the credit card. Cardholder will be notified via email 5 days before credit card will be processed for total outstanding balance.

*All invoice balances reflect a 3% cash discount and thus all credit card payments will be subject to a 3% increase.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Cardholder Email: _____

Return the completed and signed form to nsegarra@acorn-east.com