PRO•MOTION
DISTRIBUTING

CREDIT CARD AUTHORIZATION

Customer Number:_____

Company Name: _____ Date: _____

Phone: _____ Fax: _____

Please fill out the following credit card charge authorization information request.
(PRINT CLEARLY)

Card holder name: _____
(name exactly as it appears on card)

Credit card bank: _____ 3 digit CID# (on back of card):_____

Credit card#: _____ Expiration date:_____

Address statement is mailed to: _____

City: _____ State: _____ Zip: _____

I, _____ _____, (name exactly as it appears on card)
hereby authorize Pro-Motion Distributing to charge my credit card for purchases.

AUTHORIZED PURCHASERS ARE:

_____ _____

_____ _____

Credit card holder's acknowledgement/authorization

Signature: _____

Authorization to ship to address other than billing address:

Address: _____

City: _____ State: _____ Zip: _____

This is address is my: _____
(office, customer, home, family member, etc.)

SPECIAL INSTRUCTIONS: _____

NOTE: FOR SHIPMENTS GOING TO AN ADDRESS OTHER THAN THE BILLING ADDRESS OF THE CREDIT CARD, PRO-MOTION DISTRIBUTING WILL AUTOMATICALLY SPECIFY SIGNATURE REQUIRED ON ALL PACKAGES.

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