



3911 SW 47th Avenue Suite #905, Davie, FL 33314

TEL#: (954) 786-1700 FAX#: (954)786-1788

CREDIT CARD AUTHORIZATION FORM

Business Name: _____

I, _____, certify that I am the authorized holder and signer of the credit card referenced below.

I hereby authorize **BBCW Distributors** to charge my credit card referenced below in order to pay for all goods and services purchased. Authorization is effective beginning on the date below and continues until I request, in writing, that no further charges be assigned to this card.

Date _____

Credit Card Type (Circle one):

Visa Mastercard

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ Credit Card Verification Code: _____

Card Holder Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

***** Please attach a copy of the cardholder's credit card (front and back) and fax back to (954) 786-1788 or email back to customerservice@bbcw.com *****

THE SIGNATURE BELOW IS AS IT APPEARS ON MY CREDIT CARD. I HEREBY AUTHORIZE BBCW Distributors TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY MY AGENT OR MYSELF TO THE CARD LISTED ABOVE. I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

PAST DUE BALANCES WILL BE SUBJECT TO LATE PAYMENT FEES. APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE AMOUNT BALANCE, INCLUDING REASONABLE ATTORNEY'S FEES. ALL CLAIMS WILL BE FILED IN BROWARD COUNTY, FLORIDA.

SIGNED AND AGREED _____

DATED ON _____
