

CB Distributing

US BANK ISSUED CREDIT CARD AUTHORIZATION FORM
CREDIT DEPARTMENT DIRECT FAX (541) 812-2351

BUSINESS NAME: _____

CARDHOLDER NAME: _____

BILLING STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*The billing address listed above must match the address where the statement is sent.
Only credit cards issued to specific business or business owner will be accepted.
No second party credit cards will be accepted.*

TYPE OF CARD: VISA MASTERCARD

****WE DO NOT ACCEPT AMERICAN EXPRESS, DISCOVER OR INTERNATIONAL CREDIT CARDS****

CARD NUMBER: _____ (16 DIGITS)

EXPIRATION DATE: _____

I authorize CB Distributing to charge my credit card (number listed above) for merchandise purchased on my account by me or my employees. I also authorize CB Distributing to retain my credit card information for future purchases. I will notify CB Distributing in writing if I no longer wish to make purchases on my credit card .

CARDHOLDER SIGNATURE

DATE

Your invoice will serve as your credit card receipt unless you wish to receive a copy of the transaction by e-mail. To receive a receipt copy by e-mail please check this box and fill in the e-mail address here _____

*******Accounts who wish to have two credit cards on file may designate which card is to be charged by indicating the last four numbers of the card (only) when placing an order. For your protection we ask that you DO NOT furnish your credit card information to our sales staff or include the card number on your order.**