

Holland Distributing

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Credit Card Authorization Form

In order to protect both you and us, we require that you provide us with written, signed authorization to make changes to your credit card in your name. Please print this form, fill it out completely and then mail or FAX it to us.

Business Name:		Customer ID:	
DBA:		Name on Card:	
Type of Card: <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA			
Account Number:		Expiration Date:	Vcode of card (back):
Billing Address:			
City:	State:	Zip:	Email Address:
Phone: () -		Alt. Phone: () -	
		Fax: () -	

This agreement shall remain in force until revoked in writing or card expires, whichever comes first. I agree that I will pay for all such requested product purchases from Holland Distributing and indemnify them against any liability pursuant to this authorization.

Name: (Please Print)	
Signature:	Date:

PLEASE COMPLETE FORM AND MAIL OR FAX TO ABOVE ADDRESS OR FAX.