



**CREDIT CARD AUTHORIZATION**

CARD HOLDER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BILLING ADDRESS OF CC: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF CREDIT CARD:

- VISA     DISCOVER     AMEX     MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

- ONE-TIME USE     PRIMARY CARD     SECONDARY CARD     ADD /  REPLACE

The purpose of this form is to authorize Mountain West Distributors to retain a valid credit card number on file for you as our customer.

I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated on my invoice.

I authorize Mountain West Distributors to charge the credit card indicated in this authorization form. I understand that this authorization will remain in effect until I cancel it in writing.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_