

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 / □ REI	PLACE
The purpose of this form is to authorize Mountain West Distributors to retain a valid credit card number on file for you as our custo	mer.
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 provid transactions correspond to the terms indicated on my invoice.	ed the
I authorize Mountain West Distributors to charge the credit card indicated in this authorization form. I understand that this authoriz remain in effect until I cancel it in writing.	ation will
DATE:	
NAME:SIGNATURE:	

ARIZONA BRANCH 9160 E Del Camino Dr #B-2 Scottsdale, AZ 85258 602-437-1121

COLORADO BRANCH 700 W Mississippi Ave #A1 Denver, CO 80223 303-371-7777 **UTAH BRANCH** 2889 S 900 W SLC, UT 84119 801-487-5694

WASHINGTON BRANCH 1850 130th Ave NE Unit 2&3 Bellevue, WA 98005 206-248-1854 **OREGON BRANCH**

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