

## CREDIT CARD AUTHORIZATION

Account #: \_\_\_\_\_ Company Name: \_\_\_\_\_

I authorize payment to Coffee Ambassador for:

- One-Time Payment Amount: \$ \_\_\_\_\_ for Invoice # \_\_\_\_\_
- All Future Invoices on this Account  Any Invoice on this Account that becomes 30 days past due
- Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions?  
(858) 453-8584**

*We Now Accept  
**ELECTRONIC PAYMENTS!**  
Call for Details*

