



Credit Card Authorization form

Date: Company Name:

Name as it appears on Credit Card:

Street Address:

City: State/Province: Zip:

Country: Email: Phone:

Credit Card Type: VISA MasterCard American Express Discover

Credit Card Number:

Exp. Date: CWV #: Invoice/Product/Service order #:

Authorize CordaRoy's to keep on file and charge all future invoices **

Signature:

Please return the completed and signed form via e-mail wholesale@CordaRoys.com

Terms and Conditions:

**By accepting these terms, you authorize CordaRoy's to charge the credit card indicated above to be charged automatically for the current and future orders placed by you.