

## **Credit Card Payment Authorization Form**

Sign and complete this form to authorize Estate Brands Distributing Company to make utilize the credit card on file for your COD/net 3 payments. Payments will be processed at 3-5 days for the invoice amount due.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a continued authorization. Please complete the information below:

Card Holder Name:

Billing Address:

City, State, Zip:

Card Information:

Account Number

**Expiration Date** 

Security Code (CVC)

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE