



Wholesale Distributors

**CREDIT CARD AUTHORIZATION
PAYMENT ON ACCOUNT***

I, _____, authorize C&C Wholesale to charge:

The amount of: \$

to my:

- 
VISA
- 
MasterCard
- 
Discover
- 
American Express

CREDIT CARD NUMBER

CV NUMBER (ON BACK OF CARD)

EXPIRATION DATE

I HAVE ALSO INCLUDED A ***COPY (FRONT AND BACK) OF THE CREDIT CARD AND MY DRIVER'S LICENSE*** TO PROVE THAT I HAVE THE AUTHORITY TO CHARGE ON THE CREDIT CARD.

BE SURE ADDRESS AND ZIP CODE ARE CORRECT AND SAME AS THE BILLING ADDRESS FOR THIS CARD.

FAX BACK TO: 972-241-0654

Reason of charge:

NAME: _____
COMPANY: _____
ACCOUNT NUMBER: _____
ADDRESS: _____
PHONE NUMBER: _____

***2% CONVENIENCE FEE FOR PAYMENT ON ACCOUNT WITH VISA, MASTERCARD OR DISCOVER
*3% CONVENIENCE FEE FOR PAYMENT ON ACCOUNT WITH AMERICAN EXPRESS**

Signature: _____ Date: _____