CB Distributing

US BANK ISSSUED CREDIT CARD AUTHORIZATION FORM
CREDIT DEPARTMENT DIRECT FAX (541) 812-2351

BUSINESS NAME: _____

CARDHOLDER NAME: _____

BILLING STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

The billing address listed above must match the address where the statement is sent.
Only credit cards issued to specific business or business owner will be accepted.
No second party credit cards will be accepted.

TYPE OF CARD: **VISA** ☐ **MASTERCARD** ☐ **CORPORATE** ☐

****WE DO NOT ACCEPT AMERICAN EXPRESS OR DISCOVER CARDS****

CARD NUMBER: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ **(16 DIGITS)**

EXPIRATION DATE: __ __ __ __

CORPORATE CCV# __ __ __ __ **(CORPORATE CARDS MUST FURNISH CCV#, LISTED ON BACK OF CARD)**

I authorize C. B. Distributing to charge my Credit Card (number listed above) for merchandise purchased on my account by me or my employees. I also authorize C. B. Distributing to retain my Credit Card information for future purchases, unless I have indicated otherwise below. I will notify C. B. Distributing in writing if I no longer wish to make purchases on my Credit Card. *ONLY US ISSUED CREDIT CARDS WILL BE ACCEPTED.

_____
CARDHOLDER SIGNATURE ***DATE***

☐ ***I authorize the use of my Credit Card for a one time purchase only. I understand that if I wish to make future credit card purchases that I will have to re-submit this information.***

*********Accounts who wish to have two credit cards on file may designate which card is to be charged by indicating the *last four numbers of the card (only)* when placing an order. For your protection we ask that you DO NOT furnish your credit card information to our sales staff or include the card number on your order.**