

ZONE WHOLESALE CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISC	OTHER:
TYPE OF ACCOUNT	PERSONAL			BUSINESS	
COMPANY NAME					

CREDIT CARD NUMBER					
EXPIRATION NUMBER			CV/ SECURITY CODE		
BILLING ADDRESS					
CITY			STATE		ZIP CODE
PHONE NUMBER					
FAX NUMBER					
EMAIL ADDRESS					

AUTHORIZED USER OF CARD	
NAME	
COMPANY	
PHONE NUMBER	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate</p> <p>I hereby authorize collection of payment for all orders placed with Zone Wholesale</p>

CARDHOLDER NAME	
SIGNATURE	
DATE	

PLEASE FAX COMPLETED FORM TO: 713-785-3100 OR EMAIL TO: ORDERS@ZONEWHOLESALE1.COM
 IF YOU HAVE ANY QUESTIONS, CONTACT US: 877-558-5095