



Winter Garden, Hilltop, OBT, Orlando, Groveland, Conway, Maitland, Colonial, Avalon, University, Aloma

Commercial Credit Card on File Application

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ PO required: Yes ___ No ___

Type of Business: Corporation ___ Partnership ___ Individual ___ LLC ___

Contact email: _____ Tax Exempt: Yes ___ No ___

If exempt, a signed card must accompany application. If card is not provided, tax will be charged.

Authorized Account Users:

Salesman or Main shopping location: _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date