



» Credit Card Authorization

Date: / /

CUSTOMER INFORMATION

Account Name: _____ Account #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

CREDIT CARD INFORMATION

Name on Card: _____ Type of Card:    

Card Number: _____ Security Code (3 digit): _____ Expiration Date: / /

As the individual card holder or company representative, I hereby authorize this card to be used for my pending order or the transaction(s) listed.

I (Print Name)

Signature

*This authorization can be faxed to (800) 935-2150 or emailed to denise.mathews@petfoodexperts.com with a copy to holds@petfoodexperts.com