GS DISTRIBUTING

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SUITE 3
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EMAIL: CREDIT@GSDISTRIBUTING.NET

CREDIT CARD CHARGE AUTHORIZATION FORM

I,_____, hereby give GS Distributing authorization to charge my credit card, provided below, for payment of any purchases, invoices or debts, for the account listed below.

ACCOUNT NAME: _____

ACCOUNT #: _____

CREDIT CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD #: _____

EXP. DATE: _____ /_____ CVV CODE #: _____

BILLING ADDRESS/ZIP: _____

NAME ON CARD: _____

This is an on-going and continuous authorization for GS Distributing to charge the above credit card number, when or as requested by the person named above, until the account is closed, or we are given written notification to no longer accept this method of payment. If any changes are made on my credit card; including terms, limit, dates, names, cancellations, or closure of the credit card account, I will notify you immediately of the changes, and provide you with the new / replacement / changed card information.

AUTHORIZED CARD
HOLDER'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____