

Credit Card Authorization Form

Devine Distribution
1501 Green Road
Unit C
Pompano Beach, Florida 33064
Tel: (954) 933-7439
Fax: (954) 933-7411
www.devinedist.com

Date: _____

johnathon@devinedist.com

Name: _____

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

I, _____, of _____ (name of company) hereby authorize **Devine Distribution** to charge my Credit Card:

MC Visa AMX Discover (please circle one)

I am unable to personally appear in the office to pay this amount and therefore request that they take my information over the phone in order to process this charge.

This is for this order only

CC# _____ EXP: _____

Security Code _____

Amount: _____ **+ Shipping Initial Here:** _____

Billing address for my card is: _____

By signing below I certify that I am an authorized signer for the card described above.

Date: _____ Cardholder Signature: _____

Cardholder name printed: _____

Please fax this request back to: **(954) 933-7411** Text to your sales rep, Email a copy to Devine Distribution, or you can mail a copy back to us. Signed!

Thank You
Devine Distribution