

# Credit Card Authorization Form

**Devine Distribution**  
2211 2<sup>nd</sup> Avenue North  
Ste A-102  
Lake Worth Beach, FL. 33461  
Tel: (954) 933-7439

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, for \_\_\_\_\_  
hereby authorize **Devine Distribution** to charge my Credit Card:

**Visa**

**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 \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

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 email a copy back to us **johnathon@devinedist.com**

Text filled out form back to us 561 714-1226