



12926 South Broadway, Los Angeles CA, 90061
PHONE: 310-527-0011 FAX: 310-527-0022

CREDIT CARD AUTHORIZATION FORM

Distributor's Name: _____ PO#: _____

Contact Name: _____

Cardholder's Name: _____
(name as it appears on card)

Cardholder's Address: _____

City: _____ State (or Country) _____ Zip _____

Daytime Phone: _____ Date: _____

Credit Card Type: MASTERCARD _____ VISA _____ AMEX _____

Card Verification Number (back of MC & Visa, front of AMEX, 3 or 4 digits) _____

Credit Card Number: _____ Expiration: _____

Amount of Purchase: _____

If this amount is for deposit only, please advise below how you wish to pay the balance and shipping costs. Two charges maybe reflected on your statement - one for product and a possible second charge for shipping/handling/over-runs etc. Please note, that although you may have completed and returned a credit application, the processing time will depend on a prompt response from the listed credit references and your order may already be ready to ship.

Please charge any balance due including freight costs to this card also.

I hereby authorize Del Rey Nut to charge the above credit card in the amount above.

Signature: _____

PLEASE RETURN VIA FAX or EMAIL, SO WE MAY SEND YOUR ORDER TO PRODUCTION