



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: _____

ESTIMATED
NOT FINAL TOTAL
Amount of Purchase: _____ SHIPPING WILL BE ADDED
ONCE ORDER IS COMPLETED

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