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CREDIT CARD AUTHORIZATION FORM

Distributor's Name:	P0#:	
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 & Vi Credit Card Number:		Expiration:
	and a possible second charge for shiped a credit application, the processing	nce and shipping costs. Two charges maybe oping/handling/over-runs etc. Please note, that time will depend on a prompt response from the
Please charge any balance due in	ncluding freight costs to this card a	lso.
I hereby authorize Del Rey Nut to charge t	he above credit card in the amoun	t above.
Signature:		

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