

BEVERAGE PLUS
2111 83rd STREET
NORTH BERGEN, NJ 07047
201-662-6203 FAX:201-662-6204

Credit Card Payment Authorization Form

Sign and complete this form to authorize Beverage Plus to make a charge to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on the invoice that has been sent to you plus a 3% processing fee.

Please complete the information below:

I _____ authorize Beverage Plus to charge my credit card
(full name)

account automatically for invoices that have been delivered to _____
(business name)

at the following address _____
(full address of business)

This payment is for _____
(description of goods/services)

Full Billing Address: _____

Phone number: _____ Email: _____

Account type: ___ Visa ___ MasterCard ___ AMEX ___ Discover

Cardholder Name: _____

Account Number: _____ Expiration Date: _____

Address of Credit Card: _____

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.