



WHOLESALE DISTRIBUTORS

Fishing – Hunting - Marine

Please complete the following form and return to us.

Automatic Billing Authorization Form

Company Name: \_\_\_\_\_ Customer ID Number: \_\_\_\_\_

From Credit Card:

I authorize you to charge my invoices directly to the credit card listed below:

Business Card

Personal Card

Please complete this information exactly as it appears on your card and/or statement.

Business Name

Card Number

Name on Card

Expiration Date

E-Mail Address

Validation Code  
(3-Digit Number on Back OR Upper 4-Digit Number on front of AMEX cards)

Phone / Fax

Billing Address for Card

Signature & Date

Billing City, State, Zip

Shipping Address (If different from above)

Shipping City, State, Zip

Bill all charges to the above card. Since the payment amount may vary, I will receive written notification of the amount and date of the charge. This authorization is valid until I provide you with written cancellation.