



## **Credit Card Authorization**

I, \_\_\_\_\_\_(Cardholder Name) hereby authorize Contract Wholesale Distributors, LLC. to charge my credit card for the amount indicated below. I understand these charges are for the payment of goods and/or services by the above referenced merchant. Accepted cards are Master Card and Visa with a 3% convenience fee attached.

Type of Card:	Master Card	Visa	AMEX	Discover
Charge Amount:				
Invoice Number:				
Convenience Fee of 3%				
Total Charged:				
Credit Card Account Number:				
Expiration Date:				
CVV Code (from back of card):				
Cardholder Name				
Billing Address:				
Phone Number:				
Check Service or Delivery:				
Please describe the goods and se	rvices received by the cardho	lder:		
ons: The above named client un	derstands and acknowledg	es the charges des	cribed above. The ab	ove named client

Terms and Conditions: The above named client understands and acknowledges the charges described above. The above named client agrees payment in full is to be made when billed in accordance with the standard policy of the issuing bank and without any disputes or stop payments on the above credit card.

Please sign below agreeing to the above terms and conditions.

Cardholder Signature: \_\_\_\_

Print Name: \_\_\_\_\_

Date:

info@tretfordamericas.com | www.tretfordamericas.com 465 Meadow Lane, Carlstadt, NJ 07072 Customer Service #: 201.528.8165 Fax #: 201.584.0336