

BUSINESS CREDIT CARD AUTHORIZATION

20775 NW 17th Avenue
Miami Gardens, FL 33056
Phone: 305-396-2028 Fax: 1-305-402-0815
Email: northwestedistributors1@gmail.com

BUSINESS INFORMATION

Company name:

Mailing address:

City:

State:

ZIP:

Phone:

Fax:

Email:

Name(s) of owners:

Type of business entity: () Corporation () LLC () Partnership () Sole proprietorship

SS#:

EIN#:

CREDIT CARD INFORMATION

Account#

Exp Date:

Security Code:

Name on Card & Billing Address:

Authorized User:

Authorized User:

Authorized User:

Authorized User:

TERMS OF AGREEMENT

1. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the trade references listed in this credit card authorization form to release necessary information to Northwest Distributors LLC in order to verify the information contained herein.
2. The undersigned personally guarantees payment of any debts incurred on this account and any costs involved for collection and satisfaction of such debts.
3. I hereby authorize Northwest Distributors LLC to charge the referenced credit card for payment of products and services received.
4. All invoices are to be paid by their due date. Past due invoices may be subject to a late fee of 1.5% per month on the unpaid balance.
5. Claims arising from billing statements must be made within seven working days upon issuance..
6. This form will be kept on file and will remain in effect until terminated in writing by the card holder and upon payment in full of any outstanding invoices.

SIGNATURES

Name:

Date:

Name:

Date: