



Service Cold Storage

3220 SW 2nd Avenue • Ft. Lauderdale, FL 33315

Phone: 954.761.7772 Fax: 954.761.3633

Credit Card Authorization Form

Check one: Visa ___ MasterCard ___ Discover ___ (We do not take AMEX)

Credit Card #: _____

Exp. Date (mm/yy): _____ Card Security Code: _____

Name as it appears on card: _____

Company on card (if applicable): _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email address to send receipt: _____

This authority is for a one-time charge according to the information provided below:

Invoice #: _____	Payment Amount: \$ _____
Invoice #: _____	Payment Amount: \$ _____
Invoice #: _____	Payment Amount: \$ _____
Invoice #: _____	Payment Amount: \$ _____
	Total: \$ _____

-- OR --

Initial here to keep card on file for all billing: _____

I authorize **Service Cold Storage** to charge my credit card for payment of their products and or/ services. If **Service Cold Storage** is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____ Date: _____

Fax the completed and signed form to 954-761-3633 or email to service@servicecold.com.

