



CREDIT CARD AUTHORIZATION FORM

To: Muscle Foods USA
Attn: Accounts Receivable

From: (Print Name) _____ **Date:** _____

By completing the following information, I authorize Muscle Foods USA to charge my credit card as listed for purchases made by myself or the authorized purchasers as specified below:

Card Type (check one)

Visa _____ **Mastercard** _____ **Discover** _____ **Amex** _____ **Personal** _____ **Business** _____

Card # _____

Sec Code _____

Expiration Date _____ (Month/Year)

Issuing Bank _____ **Phone Number** _____

Cardholder Name _____
(Please print as it appears on credit card)

Billing Address _____

City _____ **State** _____ **Zip Code** _____

Customer # _____ **Business Name** _____

Ship To _____

Ship To Address _____

City _____ **State** _____ **Zip Code** _____

Cardholder's Signature _____ **Date** _____

This agreement allows Muscle Foods USA, to charge my Visa, MasterCard, Discover, or American Express Card for requested invoices. If checked _____ all orders will automatically be charged to this credit card number after _____ (date). Following is a list of other authorized purchasers that may order with this credit card (Please Print):

Authorized Purchasers: _____
