



Corporate Office: 10250 NW 89 Ave. Suite 2 Medley Fl 33178 Ph.305.722.1940 Fx.305.722.1944 www.pezzi.com

CREDIT CARD AUTHORIZATION FORM

DATE: _____ CUSTOMER #: _____
NEW ACCOUNT ()

PLEASE FILL OUT FORM COMPLETELY

CUSTOMER NAME: _____
BILL TO ADDRESS: _____ (SAME ADDRESS AS CREDIT CARD)
CITY, STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
E-MAIL: _____

PLEASE CHECK ONE: () VISA () AMERICAN EXPRESS () MASTERCARD OTHER: _____

CARDHOLDER'S NAME: _____
(AS IT APPEARS ON CREDIT CARD)

CREDITCARD #: _____ **EXP:** _____

I, _____, GIVE AUTHORIZATION TO PEZZI (PRINT CARDHOLDER'S NAME) INTERNATIONAL CORPORATION TO CHARGE MY CREDIT CARD AS STATED BELOW:
AUTHORIZATION SIGNATURE _____ DATE: _____
<input type="checkbox"/> A COPY OF CREDIT CARD MUST BE SENT