



Corporate Office: 247 S.W. 8 Street #65 Miami, FL 33130 Ph.305.970.9364 Fx.305.646.0199 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: _____
CVV2# _____

I, _____, GIVE AUTHORIZATION TO PEZZI
(PRINT CARDHOLDER'S NAME)
INTERNATIONAL CORPORATION TO CHARGE MY CREDIT CARD AS STATED BELOW:

AUTHORIZATION SIGNATURE _____ DATE: _____

 A COPY OF CREDIT CARD MUST BE SENT