Credit Card Guarantee of Payment
Blanket Authorization Form

Customer Name: _____

Facility or Location: _____

Shipping Address if different from billing address below*

Address: _____

City: _____ State: _____ Zip: _____

* For multiple shipping addresses with the same credit card please complete a form for each shipping address.

Credit Card Information

Card Type: □ Visa □ Mastercard

Cardholder(s) Name: _____
As it appears on your card

Address: _____
As it appears on the Credit Card Account

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Cid # _____
Last 3 digit number on the back of your card

Expiration Date: _____

I hereby authorize delivery of product to the shipping address above which may not be the credit card billing address. I agree that I will pay for this purchase and indemnify and hold Phoenix Wholesale Foodservice harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a copy of my credit card and a picture I.D. will serve as my authorized signature on credit card charge slips. I understand and agree to the terms and conditions as outlined on the invoice. I also authorize product to be left at my credit card billing address and/or other shipping address without obtaining a signature on a credit card charge slip. I agree that Phoenix Wholesale Foodservice is not responsible for purchases that are late, lost or stolen if I or my designated recipient does not sign for a purchase for any reason. And I hereby authorize Phoenix Wholesale Foodservice to charge the credit card noted for payments of fees, costs, and expenses which are incurred by me or any member or employee of my professional organization stated above. I certify that I am authorized to sign this form on behalf of this organization. I understand that charges will be made to this credit card account and if the credit card is declined for any reason I will be responsible for payment of any outstanding charges and fees resulting from the declination.

Signature: _____ Date: _____ / _____ / _____