ZION ROOTSWEAR

PHONE NUMBER: 877-262-7539
FAX NUMBER: 904-425-4433
WEBSITE: www.zionrootswear.com

CREDIT CARD AUTHORIZATION FORM | **Date:**

If you wish to charge some or all of your orders with us to your credit card, please complete the information required and return it to us via mail, fax, or e-mail.

Zion Rootswear realizes your credit card numbers are to be kept confidential and will only be used for orders going to the store(s) listed.

Store Name: Owner:

Address: Authorized Buyers:

City:

State/Zip: Payment Options: Visa ☐ MasterCard ☐ Discover ☐ American Express ☐

Phone:

Fax: E-Mail:

Card # 1 Account Number: Exp. Date: *C.V.V. # **OR** *C.I.D. # ***I authorize Zion Rootswear to charge my credit card for orders placed by the above-mentioned store.*** Card Holders Signature: Printed Name: *C.V.V. # or C.I.D. # Must Be Filled in to Process order.	**Card # 2** Account Number: Exp. Date: *C.V.V. # **OR** *C.I.D. # ***I authorize Zion Rootswear to charge my credit card for orders placed by the above-mentioned store.*** Card Holders Signature: Printed Name: *C.V.V. # or C.I.D. # Must Be Filled in to Process order.
Card # 3 Account Number: Exp. Date: *C.V.V. # **OR** *C.I.D. # ***I authorize Zion Rootswear to charge my credit card for orders placed by the above-mentioned store.*** Card Holders Signature: Printed Name: *C.V.V. # or C.I.D. # Must Be Filled in to Process order.	Billing Address: City: State/Zip: **Thank You** **For Your Business** ~ your friends at Zion Rootswear

I understand that by electronically signing this document, that I am responsible for all authorized charges to the above mentioned card(s). I am authorizing the use of the above card(s) for all orders sent in by myself, or on-behalf of myself by my Sales Rep.