Credit / Debit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
ALL INFORMATION WILL BE AND REMAIN CONFIDENTIAL.

Company Name: _____

Cardholder Name: _____

Billing Address: _____

_____

Credit / Debit Card Type: ____ Visa ____ MasterCard

____ Discover ____AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the debit/ credit card):_____

I authorize Bulk Salt Brokers to charge the credit / debit card provide herein. I agree the amount quoted, which varies per order detail, tonnage and travel, and agree that I will pay for the delivery in accordance with the issuing bank cardholder agreement.

Once payment received, the delivery is made, BSB will issues a receipt through fax or email.

Fax Number:_____ Email Address:_____

Cardholder – Sign, Print and Date Below:

Signature: _____

Printed Name: _____

Dated: _____