

# Eldorado

P. 888-360-9784 F. 888-314-1393

## AUTHORIZATION FOR CREDIT CARD USE

### BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

### CREDIT CARD BILLING INFORMATION

Card Number:

Card Type: circle one    Visa – Mastercard- Amex

Expiration:

Security Code:

Name (as it appears on card):

Billing Address:

City:

State:

ZIP Code:

### SHIPPING INFORMATION

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

### AGREEMENT

1. All invoices are to be paid with this credit card for as long as account is open with Eldorado.
2. By submitting this application, you authorize Eldorado. to take any payments necessary to complete any and all items supplied to you or to your customers via drop ship.
3. **The card holder must submit a copy of the front and back of the credit card.**
4. **The card holder must submit a copy of drivers license and/or picture ID.**
5. **All net accounts must be paid by company check, or wire transfer.**

### SIGNATURES

Signature:

Signature:

Date:

Date: