



Seafood Wholesalers LTD

## Credit Card Authorization Form

I \_\_\_\_\_ authorize the following charges to my credit card for payment on my account.

Company name: \_\_\_\_\_

One – Time Charge in the Amount of \$ \_\_\_\_\_ for Invoice # \_\_\_\_\_

and/or

Keep card on file for future payment?  Yes  No

Credit Card Type:  AMEX  MASTERCARD  VISA  DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Verification Number: \_\_\_\_\_

Name as it Appears on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Date: \_\_\_\_\_

3.1% transaction fee will be applied for each transaction

Please complete **All** required information and fax or send to:

Fax: 713-695-5668 or email: AR at ar@seafoodwholesalers.com

Mail original to:  
Seafood Wholesalers, LTD  
PO BOX 571196  
Houston, Texas 77257-1196  
Attention: Accounting