

Credit Card Payment Authorization Form

*In order to process your transaction securely and accurately, please complete this entire form

Name (as it appears on your credit card):	Check One:	Visa	MasterCard	Discover	American Express	
Customer Name: Name (as it appears on your credit card): Billing Address: *Address must be your credit card billing address City State Billing Zip Code Credit Card #: Expiration Date: Security verification# (REQUIRED) *3 or 4 digit verification code on back of card Cardholder Name: Signature: I authorize Total Beverage Services, LLC to charge my credit card for a onetime charge for: Invoice # or Statement date: Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge	Date:		Email add	ress:		
Name (as it appears on your credit card):				Transaction rece	pt will be sent via e-mail to this a	ddress
Billing Address: *Address must be your credit card billing address City State Billing Zip Code Credit Card #: Expiration Date: Security verification# *3 or 4 digit verification code on back of card Cardholder Name: I authorize Total Beverage Services, LLC to charge my credit card for a onetime charge for: Invoice # or Statement date: Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge my credit card on file for:	Customer Na	me:				
*Address must be your credit card billing address City State Billing Zip Code Credit Card #: Security verification# (REQUIRED) *3 or 4 digit verification code on back of card Cardholder Name: Signature: I authorize Total Beverage Services, LLC to charge my credit card for a onetime charge for: Invoice # or Statement date: in the amount of: \$ Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge my credit card on file for:	Name (as it a	ppears on you	r credit card):			
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Invoice # or Statement date: in the amount of: \$ Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge my credit card on file for:	Cardholder N	lame:		Signature:		
Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge my credit card on file for:			=	= -		
Invoice # or Statement date:in the amount of: \$	Upon my	/ verbal or writ				
	Invoice # or S	Statement date	:	in the amou	ınt of: \$	

I authorize Total Beverage Services, LLC to enroll me in the Auto Pay Program. To keep my credit card information on file to be charged monthly for the previous months transactions.

Please mail, fax, or email completed and signed form to:

chesleyd@totalbeverageservices.com

Phone: (405) 366-1344 Fax: (405) 321-5830 Total Beverage Services, LLC Attn: Chesley Davis 2451 Van Buren Norman, OK 73072

chesleyd@totalbeverageservices.com