

Date
mm/dd/yy

F9003

REV 08-15-2012

Instructions: Please fax back to Alcor Brands, Inc. at **+1 (786) 523-0607**.

Customer Name:

Account Number:

Cardholder Name:

Credit Card Type:

VISA

MasterCard

American Express

Other:

Credit Card Number:

Expiration Date: (mm/yyyy)

Security Code:

Billing Address:

City:

State:

ZIP:

Invoice Number

Invoice Amount:

Invoice Number

Invoice Amount:

Invoice Number

Invoice Amount:

Invoice Number

Invoice Amount:

Invoice Number

Invoice Amount:

I HEREBY AUTHORIZE **ALCOR BRANDS, INC.** TO CHARGE MY CREDIT CARD FOR THE AMOUNT LISTED HERE.

Amount Total to Charge:

Signature