



SNACKERZ INC.
CREDIT CARD AUTHORIZATION INFORMATION

PLEASE FAX BACK TO: SNACKERZ CREDIT DEPARTMENT

FAX #: (562)928-8923

Date: _____

CUSTOMER NAME: _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CARD TYPE: **VISA** **MASTERCARD** **DISCOVER**

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____

VALUE OF ORDER \$: _____ INVOICE # _____

CUSTOMER SIGNATURE: _____

SNACKERZ OFFICE USE
AUTHORIZATION NUMBER: _____
Reference: _____
DATE: _____

NO CASH DISCOUNT WILL BE ALLOWED AS WE DO INCURE PROCESSING COSTS OF 3%