



CREDIT CARD AUTHORIZATION FORM

Signing this form allows Epic Wholesale to bill information on file current & future orders. Epic Wholesale will keep this on record until the cardholder gives instruction not to use this card any further. This information will only be used for orders authorized by:

CARDHOLDER NAME: *

CARD BILLING ADDRESS: *

CITY/STATE/ZIP: *

EMAIL; * PHONE: (*)

BUSINESS NAME: *

CITY/STATE/ZIP *

CARD TYPE: VISA _____ MASTER CARD _____ DISCOVER _____ AMEX _____

CREDIT CARD # _____

EXP.DATE: * CVV/CID *

SIGNATURE: * DATE: *

I hereby authorize Epic Wholesale to change the referenced credit card for current and future orders.