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 Lincoln, RI 02865
 800-962-3323
 401-333-6200
 fax 401-333-0340
 www.liquidblue.com

CREDIT CARD CHARGE AUTHORIZATION FORM

If you wish to charge some or all of your orders with us to your credit card, please complete the information required and return to us via mail or fax.

DATE: _____

Store Name _____
 Address _____
 City _____
 State, Zip _____
 Phone _____
 Fax _____

Owner _____
 Authorized Buyers _____
 Payment Options MasterCard Visa AMEX Discover _____
 E-mail _____

CARD #1
 ACCOUNT NUMBER: _____ EXP. DATE: _____

CARD #2
 ACCOUNT NUMBER: _____ EXP. DATE: _____

CARD #3
 ACCOUNT NUMBER: _____ EXP. DATE: _____

I AUTHORIZE LIQUID BLUE TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY THE ABOVE MENTIONED STORE.

CARD #1
 CARD HOLDERS SIGNATURE _____

CARD #2
 CARD HOLDERS SIGNATURE _____

CARD #3
 CARD HOLDERS SIGNATURE _____

PLEASE PRINT CLEARLY

CARD #1
 CARD HOLDERS NAME _____

CARD #2
 CARD HOLDERS NAME _____

CARD #3
 CARD HOLDERS NAME _____

BILLING Address _____
 City _____
 State, Zip _____

LIQUID BLUE realizes the your credit card numbers are to be kept confidential and are only be used for orders going to the store listed above.