



6 LINLEW DRIVE • DERRY, NH 03038  
 1-800-962-3323 • fax 603-216-2034  
 wholesale.liquidblue.com

## CREDIT CARD 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 _____	Owner _____
Address _____	Authorized Buyers _____
City _____	_____
State, Zip _____	Payment Option <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Phone _____	_____
Fax _____	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.