



1601 Mariposa Street, San Francisco CA 94107
office: 415/ 863-8007

CREDIT CARD AUTHORIZATION FORM

Please return this form to our Accounts Receivable department. If you have any questions concerning this application, please don't hesitate to contact our accounts receivable dept at: 415 / 863-8007ext 723

FAX# 415 / 992 - 4716 -- AR@mackenziwarehouse.com

Company Name	Name:
Billing Address (To process properly, we need the billing address for this card)	Street: City: _____ State: _____ Zip: _____
Name on Credit Card	Name:
Type of Credit Card (circle one)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Number	CCV#*
Expiration Date	Month: _____ Year: _____

*CCV# is the 3 or 4 digit number that appears on the back of the card, far right corner of signature line

MACKENZIE CREDIT CARD TERMS (please circle desired terms)

TERMS	DESCRIPTION
DAILY	Net due the following working day (statements printed every morning, processed everyday)
WEEKLY *	1% discount Wednesday (Full statement, less 1% discount processed every Wednesday)
MONTHLY*	1% discount on the 10th (Full statement, less 1% discount processed on the 10th)

I authorize MacKenzie Warehouse to use the above credit card to process payment for the indicated account(s). I understand that payment will be processed on the due date as stated in the terms above. I will notify MacKenzie Warehouse in writing of any changes to this agreement.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

For MacKenzie office use, please do not fill in:

Account Number: _____

Account Name: _____

Date Received: _____