



6000 Third Street - San Francisco - CA 94124

**CREDIT CARD AUTHORIZATION - Reoccurring Terms**

**PLEASE CHOOSE THE DESIRED CREDIT CARD TERMS** ↓

<b>DAILY</b>	NET due the following working day. Statement printed daily	<input type="checkbox"/>
<b>WEEKLY</b>	NET due Wednesday. Weekly statement printed Mondays	<input type="checkbox"/>
<b>MONTHLY</b>	NET due 5th of month. Monthly statement printed end of month	<input type="checkbox"/>

<b>COMPANY NAME</b>	
<b>ACCOUNT#</b>	
<b>NAME ON CREDIT CARD</b>	

<b>BILLING ADDRESS - to properly process card it is important we have BILLING address</b>	
Street	
City	
State/Zip	

<b>CREDIT CARD TYPE &amp; NUMBER</b>	
Visa	
Mastercard	
American Express	
Discover	

<b>EXPIRATION DATE</b>	
<b>CCV CODE</b>	

I authorize MacKenzie Warehouse to use the credit card listed above 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.

<b>AUTHORIZED SIGNATURE</b>	
<b>PRINT NAME</b>	
<b>TITLE</b>	
<b>DATE</b>	

Please return this form to our Accounts Receivable department.

**FAX # 415-992-4720 or AR@mackenziewarehouse.com**

If you have any questions, please call 415-863-8007 ext 723

Thank you for purchasing from MacKenzie Warehouse - we appreciate your support!