



1300 NORTH 24 AVENUE  
PHOENIX, ARIZONA 85009  
(602) 278-2693  
FAX (602) 278-0285

4334 EAST ILLINOIS STREET  
TUCSON, AZ 85714  
(800) 936-4548  
FAX (520) 623-86

## Credit Card Authorization Form

The following information is required in order to process all credit cards. If any information is withheld, the charge will not be approved. There is a 3.5% processing fee on every transaction.

REMIT TO: Pioneer Distributing  
Fax to: 602-278-0285

Date of Transaction: \_\_\_\_\_

Type of Credit Card:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\*\*\* Security Code: \_\_\_\_\_

\*\*\*Visa/MasterCard security code is 3 digits long, located on the back of the card in the customer signature area. If this is not readable, then the customer must call the bank to get that information or the card will not go through.

Name of Credit Card Holder: \_\_\_\_\_

Name of Card Presenter: \_\_\_\_\_  
(If it's a Company Card)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Credit Card billing address, including ZIP code)

I, \_\_\_\_\_ authorize Pioneer Distributing to charge my credit card in the amount  
*PRINT NAME*

OF: \$\_\_\_\_\_ for invoice # (s) \_\_\_\_\_

\_\_\_\_\_  
Initial here for One Time Charge Only      \_\_\_\_\_ Initial here for Future Use

\*\*Please include a copy of the signers Valid Driver's License.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(A FAXED, EMAILED OR COPY OF MY SIGNATURE IS AS GOOD AS THE ORIGINAL)