



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)