

MUZZY ICE SERVICE
5105 S. 184th Plaza
Omaha, NE 68135
PH: 402-551-7731

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD BILLING INFORMATION

Company / Customer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Contact Name: _____ Phone Number _____

Credit Card Type:

Am Express card # _____ - _____ - _____ - _____ Security code _____
American Express 4 digit Security code is found on front of card

MasterCard card# _____ - _____ - _____ - _____ Security code _____
MasterCard 3 digit security code is found on back of card

Visa card # _____ - _____ - _____ - _____ Security code _____
Visa 3 digit security code is found on back of card

Expiration Date (MO/YR) _____/_____

I authorize Muzzy Ice Service to use the credit card information provided above to pay for product purchased by myself/company, as stated by the authorization type. I agree to a 4% credit card processing fee for the total purchase.

NAME (Please print): _____

TITLE: _____

SIGNATURE: _____

DATE: _____