



## CREDIT CARD AUTHORIZATION FORM

To: Muscle Foods USA  
Attn: Accounts Receivable

**From:** (Print Name) \_\_\_\_\_ **Date:** \_\_\_\_\_

By completing the following information, I authorize Muscle Foods USA to charge my credit card as listed for purchases made by myself or the authorized purchasers as specified below:

**Card Type** (check one)

**Visa** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Discover** \_\_\_\_\_ **Amex** \_\_\_\_\_ **Personal** \_\_\_\_\_ **Business** \_\_\_\_\_

**Card #** \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ -- \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ -- \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_ -- \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_

**Sec Code** \_\_\_\_:\_\_\_\_:\_\_\_\_:\_\_\_\_

**Expiration Date** \_\_\_\_:\_\_\_\_/\_\_\_\_:\_\_\_\_ (Month/Year)

**Issuing Bank** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_  
(Please print as it appears on credit card)

**Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Customer #** \_\_\_\_\_ **Business Name** \_\_\_\_\_

**Ship To** \_\_\_\_\_

**Ship To Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This agreement allows Muscle Foods USA, to charge my Visa, MasterCard, Discover, or American Express Card for requested invoices. If checked \_\_\_\_\_ all orders will automatically be charged to this credit card number after \_\_\_\_\_ (date). Following is a list of other authorized purchasers that may order with this credit card (Please Print):

**Authorized Purchasers:** \_\_\_\_\_

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