



Fax To: **800-958-3294**
Email To: **Katie@icmint.com**
Questions?
Call **800-848-9692**
Extension-189

Credit Card Authorization Form

Customer Name: _____

Customer Number: _____

Ship to Address: _____

City: _____ State: _____ Zip Code: _____

Transaction limit of \$: _____ Daily Total Limit of \$: _____

TYPE OF CARD:

____ VISA ____ MASTERCARD ____ AMEX ____ DISCOVER

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

For Visa, Discover and Master Card please include the CVV2 # is the last three digits on the back of the card.

_____ (We Must have this to proces transactions)

For American Express cards the CVV2# is four digits _____ on top of the credit card number on the front of the card. (We must have this to process transactions.)

Authorized Cardholders Name _____

Cardholders Address _____

Cardholders City, State, Zip _____

Telephone number where we can reach you _____

I, the undersigned, hereby authorize the above indicated individuals to charge merchandise ordered from ICM Distributing Company to my account. ICM Distributing Company will only accept credit card orders from the above named individuals and this authorization will remain good until cancelled or changed in writing.

DATE

AUTHORIZED CARDHOLDER SIGNATURE