



Seafood Wholesalers LTD

Credit Card Authorization Form

I _____ authorize the following charges to my credit card for payment on my account.

Company name: _____

One – Time Charge in the Amount of \$ _____ for Invoice # _____

and/or

Keep card on file for future payment? Yes No

Credit Card Type: AMEX MASTERCARD VISA DISCOVER

Card Number: _____

Expiration Date: _____ Card Verification Number: _____

Name as it Appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Authorized Signer: _____

Date: _____

3.1% transaction fee will be applied for each transaction

Please complete **All** required information and fax or send to:

Fax: 713-695-5668 or email: AR at ar@seafoodwholesalers.com

Mail original to:
Seafood Wholesalers, LTD
PO BOX 571196
Houston, Texas 77257-1196
Attention: Accounting