



THE ART OF INFUSED BEVERAGES™

Credit Card Authorization Form

Customer Name: _____

Name on the Card: _____

Type of Card: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Street: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone Number: _____

I agree to pay all Customer Unit's invoices according to Terms and Conditions set forth in our agreement. For more information login, to your Subscriber Portal by visiting www.cqbeverages.com/login. If your role has changed or you are in the process of changing employment, please forward this to the appropriate person within your company.

Signature: _____

Date: _____

Please fax to (855) 416-2646. Thank you.