

Credit Card Authorization Form

Coffee Ambassador offers the convenience of credit card billing. Please complete and sign the form below; all information is required. Upon approval, we will bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this billing authorization at any time by contacting Customer Service at **(858) 453-8584**.

Customer Information						
Company Name:				Account#:	Phone:	
Email:			-	☐ Go paperless! I would like my invoices by email. ☐ I want to continue receiving invoices by mail.		
Payment In	formation					
I authorize Co	offee Ambassador t	o bill the card lis	ted belo	ow as specified:		
Frequency: O Net 30: Process payment upon customer's authorization. O Monthly: Automatically process payment on the 15 th of each month for all outstanding invoices. O C.O.D.: At time of service for all future invoices on this account.						
Start billing or	n:/	/				
Credit Card Information						
Coffee Ambassador accepts the following credit cards:						
○ Visa ○ MasterCard ○ Discover ○ American Express						
Credit Card Number:				Expires:		
			_	/		
Name on the Card:				Cardholder's Billin	g Address:	Zip Code:
Customer's Signature:			-	Print Name:		Today's Date:
			=			

Please submit to Coffee Ambassador. Email: accountsreceivable@coffeeambassador.com

Fax: (858) 259-0743

Mail: 11578 Sorrento Valley Road, Suite 30 - San Diego, CA 92121

www.coffeeambassador.com