

Area Distributors

Start with the right package.

◆ NAME BRANDS ◆ COMPETITIVE PRICES ◆ DELIVERED

2975 Volpey way, Union City, CA, 94587



Phone#: 408-975-7733

CREDIT CARD AUTHORIZATION

Please complete & return to us via

FAX: 408.975.7739 or EMAIL: ctamig@imperialdade.com

Company Name:

(as it appears on your contract)

Cardholder:

(as it appears on your Card)

Billing Address for Credit Card Used:

Street Address:

City:

State:

Zip:

Daytime Telephone: (_____) _____

Please check card type

Visa

MasterCard

Amex

Credit Card Number _____

Expiration Date: (mm-yy)

Security Code

I authorize Imperial Dade to charge my purchases to the above Credit Card. The card will be charged within two (2) business days of delivery.

Note: Your signature authorizes Imperial Dade to charge a 3% service fee for use of credit cards.

Date _____

Authorized Signature

Print Name

E-MAIL RECEIPT TO _____

or FAX to _____

(your e-mail)

Cardholder agrees to pay Imperial Dade for all amounts authorized herein; if Cardholder fails to effectuate payment to Imperial Dade all amounts authorized hereunder, Cardholder agrees to be responsible for all collection costs, including attorney fees, court costs and fees associated with any action brought by Imperial Dade. Cardholder hereby agrees to be subject to the jurisdiction of the courts of California.