# Credit Card Authorization Form

| **Credit Card Information** |
|---|
| Card Type: ☐MasterCard ☐VISA ☐Discover ☐AMEX<br>☐Other _____ |
| Cardholder Name (as shown on card): _____ |
| Card Number: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |

I, _____, authorize Grapevine Distributors to charge my credit card above for the agreed upon purchases.

_____ _____

Customer Signature Date

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