



CREDIT AUTHORIZATION

Please complete this application in its entirety. Missing information will delay its processing.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard Discover AMEX

Credit Card Number: _____

Expiration Date: _____

Credit Card CCV Number: _____

Amount to Charge: _____

I authorize City Bags Wholesalers to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Print Name, Sign and Date Below:

Print Name: _____

Date: _____

Sign: _____

