



**W H O L E S A L E**

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Sign and complete this form to authorize PX Wholesale to make a charge to your account listed below

COMPANY INFORMATION

Name:

Address:

Contact Person:

Phone:

Email:

Effective Date:

CREDIT CARD INFORMATION

Name on card:

Card number:

Expiration date:

CVV/CVC:

Billing Address:

By signing this form you give us permission to charge your credit card for any amount outstanding for the above company, on or after the indicated date for all invoices as and when due. This authorization will hereby stay in effect until written cancellation is filed with PX Wholesale.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please email the completed form to [contact@pxwholesale.com](mailto:contact@pxwholesale.com)