

CREDIT CARD DEPOSIT FORM

- Please provide a copy of the credit card, and a valid photo ID.
- Please complete and email to: ar@columbiadistribution.com or Fax: (562) 986-1367

Client Code#:		Date:
Customer Name:		
Type of Credit Card:	Name on Credit Card:	
Credit Card Number:	Expiration Date:	Security Code:
Billing Address:		(AMEX =4 Digits, VISA/MC=3 Digits)
City:	State:	Zip Code:
Customer and the cardholder hereby authorizes on the	PAYMENT FOR INVOICES Columbia Distribution Services ("CDS") to charge the crapplicable invoices and for the credit processing fee lister	edit card identified above for the amounts indicated ed below.
Invoice Number		<u>Amount</u>
		\$
		\$
		\$
Total Invoice Amount:		\$
Convenience Fee: (2.7% - VISA/MC, 2.95% - AMEX)		\$
Transaction Total:		\$
Deposit Form (the "Form") now or at any time in the Distribution Services for any loss, expense (including back or other dispute arising from CDS's processing described in this Form be disputed by Customer at	ney might otherwise have to dispute the credit card trans ne future. Moreover, Customer and cardholder jointly aging attorney's fees), and/or damage of any kind that CDS ng of the credit card transaction(s) described in this form and/or the cardholder at any time, the full transaction totace and effect both during and after the termination of this	ree to indemnify and hold harmless Columbia S may incur as a result of a credit card charge n. Should the credit card transaction(s) al listed above shall become due and owing
*CARDHOLDER'S SIGNATURE		*DATE
hereby authorize Columbia Distribution processing.	Services to keep the above credit card inform	nation on file for future payment
CARDHOLDER'S SIGNATURE	st be on both signature lines in order for the "On File" autho	DATE