



1700 W. 16th Street • Broadview, IL 60155
Phone: (888) 345-1300 Fax: (708) 345-2870

Credit Card Authorization

Email: ar@amdistributors.com
www.amdistributors.com

Dealer Credit Card Charge Authorization

Company Name: _____

Card Holder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____ Card Type: Visa Master Card

I authorize A.M. Distributors to charge the credit card provided for goods and services provided by A.M. Distributors on orders placed by phone, fax, website or in person without swipe or signature. The provided signature will serve as authorization and signature on file for this card. I agree to pay for purchases according to my cardholder agreement.

Authorized Signature: _____ Date: _____

Printed Name: _____

**** Important ****

Please return completed forms to our accounts receivable department by
fax at (708) 345-2870 or email ar@amdistributors.com.