



South Shore Distribution, INC
10935 South Wilcrest Dr.
Houston, TX 77099
Ph: 713.926.3295 / Fx: 281.879.4403

CREDIT CARD CHARGE AUTHORIZATION

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

CREDIT CARD INFORMATION

(All Information must be Provided)

Card Type: ___ MasterCard ___ Visa ___ Discover ___ American Express

___ Corporate or ___ Personal Card

Credit Card Account #: _____ - _____ - _____ - _____

Expiration Date: _____

CVV Code: _____

Card Holder's Name (as it appears on card): _____

Card Holder's Address (where bill is sent to): _____

City: _____ State: _____ Zip Code: _____

Card Holder's Signature: _____ Date: _____

Addresses we may ship to in addition to billing address:

