

# CREDIT CARD AUTHORIZATION FORM

**\*VISA OR MASTERCARD ONLY\***

**1. PRINT FORM    2. COMPLETE & SIGN    3. FAX BACK (970) 920-9404**

*OR MAIL TO: ChilsonRoth LLC*

*PO BOX 6805 Snowmass Village CO 81615*

NAME OF BUSINESS:

NAME ON CARD:

CARD NUMBER & EXP:

CREDIT CARD BILLING ADDRESS:

DAYTIME TELEPHONE NUMBER:

I \_\_\_\_\_(cardholder), hereby authorize ChilsonRoth, LLC (doing business as Pet Marketing) to charge the above referenced credit card for the purchases made from ChilsonRoth LLC on an as needed basis. I have noted the business name ChilsonRoth LLC because it will appear on my credit card statement. And I understand and agree that any chargeback dispute fees will be charged to me should I not recognize ChilsonRoth LLC as a merchant listed on my credit card statement. In the event that I have agreed to issue another form of payment (check, COD or wire transfer) to ChilsonRoth LLC, and ChilsonRoth LLC does not receive said payment, I authorize ChilsonRoth LLC to charge the invoice amount, including any finance or delinquent account charges to the above referenced credit card account. I understand all charges will be in US Dollars. I further agree to provide ChilsonRoth LLC with prompt and timely written notice of any changes or additional credit card account numbers to be charged.

Signed \_\_\_\_\_ Date \_\_\_\_\_