

Romagian Wholesale  
1519 Sage Street  
South Plainfield, NJ 07080  
P: 908-668-1651

Credit Authorization

**Payer Information- Please Print**

Name of Person Authorizing Payment: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Credit Card Information:**

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CC Code: \_\_\_\_\_

**Please check one:**

One Time Use: I hereby authorize Romagian Wholesale to charge the indicated credit card the amount indicated below. This is a one-time charge authorization.

**Job:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Recurring Billing: I hereby authorized Romagian Wholesale to charge my credit card for any all returned checks, unpaid invoices and/or invoices that are due.

Authorization: I hereby authorized Romagian Wholesale to charge the indicated credit card. I agree that this is either a one time or recurring charge that will be made as indicated above. I will not dispute Romagian's recurring billing with my credit card issuer so long as the amount in question was for product and/or services rendered prior to my canceling to my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with Romagian.

**Signature of Card Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_