

Please fill in this information. It will be cut off this form and destroyed once the information has been inputted into our secure encrypted database.

Credit Card Number: _____

Security Code: _____



Credit Card Authorization Form

I, _____, (name as it appears on the card) hereby authorize Regal Lager, Inc. to charge my credit card for invoices at the time of shipping for _____, (Store Name), with account number _____.

Credit Card Type: _____

Last four digits of Credit Card: _____

Expiration Date: _____ / _____
Month Year

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Country: (if not US) _____

Telephone: _____ Email: _____

Your completion of this authorization form helps us to protect you, our valued customer from credit card fraud. We must have a form for each card used. We will keep all information entered on this form strictly confidential. ***Please sign below and fax to 678-819-5824.***

Cardholder's Signature

Date

Future Orders:

As the credit card holder, I also authorize Regal Lager, Inc. to charge my credit card for future purchases for my account only.

Initial Here: _____

Regal Lager, Inc.

1100 Cobb Place Blvd
Kennesaw, GA 30144

Telephone: (770) 955-5060
Facsimile: (678) 819-5824

E-mail: credit@regallager.com
www.regallager.com