



Please complete and fax to **424-757-6045**. Orders must be complete, including payment and authorized signature, to be processed.

Billing Address	
Name	
Company Name	
Address	
City, State	Zip/Postal Code
Phone	Email Address

Payment Information	
Payment type (check one)	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<input type="checkbox"/> PayPal	
Name, as it appears on Credit Card OR Paypal email address	
Credit Card Number	
Credit Card Expiration (MM/YYYY)	Security Code (Back of Card)

Authorized Signature
*** I hereby authorize Clear Choice Distribution to charge my credit card for the above total amount listed, as well as any additional amount including shipping and handling fees or resulting from miscalculation of totals. ***
Account Holder Signature
Date