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Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until it is cancelled.

COMPANY INFORMATION
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX
Company Name:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):Security Code:
Billing Address:
Phone Number:
Email Address:
, authorize Rocky Mountains Distributing to charge my credit card above for agreed upon purchases. I understand that my information will be saved
for future transactions on my account.
CARDHOLDER SIGNATURE DATE

Please email this form to RMD Accounting at accounting@rmdcolorado.com