



Credit Card Payment Authorization Form

***In order to process your transaction securely and accurately, please complete this entire form**

Check One: Visa MasterCard Discover American Express

Date: _____ Email address: _____

Transaction receipt will be sent via e-mail to this address

Customer Name: _____

Name (as it appears on your credit card): _____

Billing Address: _____

*Address must be your credit card billing address **City State Billing Zip Code**

Credit Card #: _____

Expiration Date: _____ Security verification# _____ **(REQUIRED)**

*3 or 4 digit verification code on back of card

Cardholder Name: _____ Signature: _____

I authorize Total Beverage Services, LLC to charge my credit card for a onetime charge for:
Invoice # or Statement date: _____ in the amount of: \$ _____

Upon my verbal or written notification, I authorize Total Beverage services, LLC, to charge
my credit card on file for:
Invoice # or Statement date: _____ in the amount of: \$ _____

I authorize Total Beverage Services, LLC to enroll me in the Auto Pay Program. To keep my
credit card information on file to be charged monthly for the previous months transactions.

Please mail, fax, or email completed and signed form to:

chesleyd@totalbeverageservices.com

Phone: (405) 366-1344

Fax: (405) 321-5830

Total Beverage Services, LLC

Attn: Chesley Davis

2451 Van Buren

Norman, OK 73072

chesleyd@totalbeverageservices.com