

CHARGE AUTHORIZATION FORM

1. **I Certify**, that I am a signer on the account listed below with the authority to grant this authorization on behalf of _____ (õCompany/Customerö).
2. **I Certify**, that FSD Group, LLC d/b/a Saez Distributors or any of its agents (õSaezö) is authorized to charge the account for the sale of goods and services in the amount as follows:

ONE TIME AUTHORIZATION
Amount: \$ _____
Approval: # _____

RECURRING AUTHORIZATION
Max Amounts: \$ _____
Frequency: _____

Payer: ___ Visa: ___ MasterCard: ___ Amex: _____ Other _____

Cardholder Name: _____ Home Phone: _____

Billing Address: _____ Work phone: _____

City, State, Zip: _____ Facsimile: _____

Account #: _____

Expiration Date: ___ / ___ / ___

CSC (back of card): ___ Four Digits for Amex: _____

3. **I Certify**, that payer listed above is hereby request, authorized and directed to honor and to treat as authorized, charges made in Company/Customer's name in accordance with this authorization in lieu of an imprint of the actual card. I understand that no cash discount can be allowed on credit card payments.
4. **I Certify**, that in the event that any such charge is not paid, Comp/Customer agrees to pay (Saez) the full amount plus an item fee of \$ 250.00, without further authorization.
5. **I Certify**, that this authorization shall remain in full force and effect and the authority herein given to (Saez) shall remain irrevocable until (Saez) receives written notice of revocation of such authority. Revocation shall not affect any action take prior to receipt of such notice.

IF COMPANY/CUSTOMER:

IF INDIVIDUAL:

Signed: _____

Signed: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

***** COPY OF DRIVER'S LICENSE AND CREDIT CARD FRONT AND BACK ARE REQUIRED *****

Miami Main Fax 305-477-7462 – Attention: Lilia Saez, AR Ext 221

HIALEAH GARDENS
9615 NW 80 AVE
HIALEAH GARDENS, FL 33016
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FAX: 305-821-4936

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MIAMI, FL 33176
TEL: 305-971-6400
FAX: 305-971-6401

MIAMI MAIN
8290 NW 25 ST
MIAMI, FL 33122
TEL: 305-592-2330
FAX: 305-477-0709

FT LAUDERDALE
5610 NW 12 AVE
FT. LAUDERDALE, FL 33309
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