



PO Box 1358 • Sanford, FL 32772
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Website: www.OwensDistributors.com
Office: (407) 302-8602
Fax: (407) 302-8408
Emergency Service: (407) 520-7070

Recurring Payment Authorization Form

Enjoy the convenience of hassle-free automatic payments! Simply complete the Credit Card Information section below, sign the form and fax it back to us at (407) 302-8408. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. Contact us at OwensDistributors@gmail.com at any time to cancel.

Customer Information (to be completed by customer)	
Customer/company _____	
Contact name _____	Account number _____
Email address _____	Phone () - Ext: _____
Payment Information (to be completed by merchant)	
I authorize _____ Owens Distributors Inc _____ to automatically bill the card listed below as specified:	
Product/service description _____	
Start on _____ / _____ / _____ Month Day Year	End on: _____ / _____ / _____ (check one) Month Day Year
Credit Card Information (to be completed by customer)	
Card type <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder name _____ (as shown on card)	Cardholder ZIP Code _____ (from credit card billing address)
Card number _____	Expires _____ / _____
<input type="checkbox"/> Notify me via email when my credit card is charged. (Make sure email address above is correct.)	CVV Security Code: _____
_____	_____
Customer's signature	Date