



EMERGENCY MANAGEMENT

8750 North Central Expressway Suite 1800, Dallas, TX 75231

Phone: 214-272-4157

Plant #:
Customer #:

Credit Card Authorization Form

- Confidential -

CARDHOLDER INFORMATION

Company Name:
Card Holder Billing Address:
City / State / Zip
Credit Card Type
Credit Card Number
Name On the Card:
Telephone #:
Fax Number:
Email Address:
Expiration Date

PAYMENT / BILLING AUTHORIZATION

Please Select one of the Following Billing Options:

[] This is a one (1) Time Authorization. Please only charge my card one (1) time for the following invoice / amount:

Invoice # / Invoice Date: Invoice Amount

[] This is an on-going authorization until such time as it is revoked in writing. Accordingly, I understand that my card will be charged at the time of delivery for product(s) delivered and / or services rendered.

I hereby authorize Reddy Ice Corporation to charge the aforementioned credit card for service rendered and / or product delivered. I agree to pay for this purchase and to abide by the cardholder agreement. I also agree to hold Reddy Ice Corporation harmless against any liability pursuant to this authorization. This authorization will remain in effect until such time as it revoked in writing.

Authorized Signature:
Printed Name / Title:
Date Signed:
Contact Phone:
Address:
Email:

DIRECTIONS

Please fax or email the completed authorization form to:

Fax: 1-866-276-0463 - Email: eoc@reddyice.com