



5720 LBJ FWY, SUITE 200 | DALLAS, TX. 75240 | 214-526-6740 | EMAIL: ARCreditCard@reddyice.com

CREDIT CARD AUTHORIZATION FORM

Directions
Please fill out the highlighted fields and email the complete authorization form to
ARCreditCard@ReddyIce.Com Fax # 866-276-0476

Step #1 Complete contact information

Organization Name:

Organization Address:

Authorized Contact Name:

Contact Number:

Email:

Step #2 Complete Credit Information

Credit Card Information

Card Type: MasterCard Visa Amex Other

Cardholder Name (as shown on the card): _____

Card Number: _____ **Expiration Date (mm/yy):** _____

CVS: _____

Credit Card Billing Address: _____

Step #3 Invoice authorized for payment

Account	Invoice Number	Date	Payment Amount

If you need additional space, please email your remittance advice to ARCreditCard@Reddyice.com

Step # 4

Please complete the highlighted fields below:



CREDIT CARD AUTHORIZATION FORM

I hereby authorize Reddy Ice Corporation to charge the aforementioned credit card for service rendered in the amount of \$ for services/products delivered. I agree to pay for this purchase and to abide by the cardholder agreement.

Please choose one authorization

Recurring monthly payment charge with the credit card on file for goods and services on an ongoing basis until the cardholder submits a written withdrawal request.

Authorization Signature _____ Date _____

One-time payment authorization on the credit card provided for goods and services. The customer acknowledges that this authorization shall remain in force until Reddy Ice receives the amount authorized by this form.

Authorization Signature _____ Date _____