



5720 LBJ Freeway, Suite 200, Dallas, TX 75240 • 866.821.2548 • www.reddyice.com

CREDIT CARD AUTHORIZATION FORM

Please fill out the form below and email the complete authorization form to ARcreditcard@reddyice.com

Contact Information:

Organization Name:	Organization Address:
Authorized Contact Name:	Contact Number
Email:	

Credit Information:

Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> Other
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
CVV:				
Credit Card Billing Address:				



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Invoice authorized for payment:

Account	Invoice Number	Date	Payment Amount

If you need additional space, please email your remittance advice to ARcreditcard@reddyice.com

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 form of 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 _____