



5710 LBJ Freeway, Suite 300, Dallas, TX 75240 • 214.526.6740 • www.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 <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Other <input type="checkbox"/>
Cardholder Name (as shown on the card): _____	
Card Number: _____	Expiration Date (mm/yy): _____
CVS: _____	
Credit Card Billing Address: _____	



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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:

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

Auto 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 _____