



WORKING DRAFT — Controller review · live source: P:\Customer Documents\04_CreditCardAuthorization2026Form.pdf

CREDIT CARD INFORMATION

INVOICE NUMBER(S)

DATE

COMPANY NAME

PHONE

EMAIL

BILLING ADDRESS

CITY

STATE

ZIP CODE

CARD TYPE

☐ American Express ☐ Visa ☐ MasterCard ☐ Discover ☐ Other

CARD DETAILS

CARDHOLDER NAME

CREDIT CARD NUMBER

CVV

EXPIRATION DATE (MM/YY)

AMOUNT

By submitting this form, the cardholder authorizes The Nut Place, Inc. to charge the card for the amount indicated.

This form is for one-time use only and will be destroyed after processing.

If you want a card kept on file, please tell your salesperson. Card information will be stored on an encrypted banking portal.

☐ I authorize The Nut Place to keep this card on file for future purchases.

FOR ACCOUNTING USE ONLY

ENTERED BY

DATE POSTED

SUBMIT

Please email this completed form to ar@thenutplace.com

