

Flavor Smart Beverage Group/RIFS



Credit Card Authorization

333 Waterman Ave
Smithfield RI 02917
Phone: (401) 231-0040
Fax: (401) 231-9777
Email: Office-RI@FlavorSmart.com



Account # (Office Use)

Walk-In Emailed/Faxed/Mailed Over the Phone

Sign and complete this form to authorize Flavor Smart Beverage Group / RIFS to make a one-time debit/credit charge to your credit card listed below.

By signing this form, you give us permission to charge your account for the amount indicated on or after the indicated delivery date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account unless we are given permission to keep this information on file.

I _____ authorize **Flavor Smart Beverage Group / RIFS** to charge my
(Full name)
Credit card account indicated below.

Business Account Name:

Phone #:

Email:

Account Type: Visa MasterCard AMEX Discover

Cardholder Name:

Account Number:

Expiration Date: /

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX):

SIGNATURE

DATE

I give Flavor Smart Beverage Group / RIFS permission to keep this information on file for future orders.

I give Flavor Smart Beverage Group / RIFS Permission to automatically charge this account within 5 days after a delivery has been made (Net 5 C.C. Terms)

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only, unless given permission to keep credit card information on file. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.
The charge on your statement will be listed as R.I. FRUIT & SYRUP