



CREDIT CARD AUTHORIZATION

Account Name: _____

Cardholder's Billing Address: _____

Cardholder's Billing Zip Code: _____

Please pay \$ _____

Invoice #(s)	_____	\$
	_____	\$
	_____	\$

CIRCLE: Visa MasterCard Discover Amex

Card # _____ exp _____

v-code _____
(3 number on back OR 4 on front)

Name on card _____

I authorize KEG Trading Co to charge to my account the amount of
\$ _____ to my credit card listed above.

Signature _____ Date: _____

(If completed on email, please write "email approval"
on signature line with your initials.)

Thank you for your payment.

Deborah Moore (dmoore@kegtrader.com)

VP/Business Manager

Direct Phone: +1 619-573-9919 Direct Fax: +1 619-546-0642