



FORMERLY



CREDIT CARD / ACH AUTHORIZATION

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. By signing this form, you authorize Phillips Pet Food and Supplies to withdraw payment. A \$43.00 returned payment fee will be accessed for any returned ACH payments.

BILLING INFORMATION

Customer Account Number: _____ Business

Billing Address: _____

Phone #: _____ Email: _____

PAYMENT INFORMATION (Check One)

☐ - CREDIT CARD – 2.9% transaction fee per transaction Auto Payments

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX | ☐ Other

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

☐ - BANK (Check by Phone) Check number will be the date of processing unless provided prior

Account Type: ☐ Checking Auto Payments

Name on Acct: _____ Bank Name: _____

Routing #: _____ Account #: _____

CUSTOMER SIGNATURE: _____ Date: _____

Printed Name: _____

Please return the completed form via email to your account receivable representative. This can also be faxed if needed to 1-888-878-1363.