

Complete this authorization only when requested by AMBEV. Do not return card information through ordinary email.

Customer and Billing Information

AMBEV customer number

Customer name

Company

Email for receipts

Billing address

Card Information

Name on card

Card type

Card number

Expiration (MM/YY)

CVV

Card billing ZIP code

Authorization

I understand that my COD invoice will be emailed with payment instructions. If payment is not received within 10 business days, I authorize American Beverage Systems to charge the card above for the full invoice amount, plus a 3.5% processing fee. I authorize charges only for approved purchases and agree that card details may be stored in my customer profile for this purpose.

☐ I agree to the COD Credit / Debit Card Authorization above.

Customer Signature

Type your name to acknowledge

Digital signature (if supported by your PDF reader)

Date