



I authorize Ice Cold Service to keep my signature on file and to charge my credit card account as indicated below:

Check One: Discover Visa Master Card AMEX

Card Holder Name Phone #

Card Holder Billing Address

City State Zip

Account Number Mo. _____ Yr. _____
Expiration Date

3 digit # \$ _____
Amount _____
Invoice #

X _____
Card Holder Signature Print Name Date

Thank you for making a purchase with us.

Visit us on the web at: www.icecoldservice.com

