Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ CVV:_____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Pyro Distro, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

*****3% service fee for Visa/MasterCard, Discover and 5% for American Express******

_____ _____

Customer Signature Date

Pyro Distro, LLC
27943 Seco Canyon Rd. #571
Santa Clarita, CA 91350

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F: (760) 810-4005
info@pyrodistro.com