

**AUTHORIZATION AGREEMENT FOR ACCOUNT PAYMENTS TO BE
CHARGED TO A CREDIT CARD**

The undersigned company authorizes AMERICAN PRIDE CO-OP to originate charges to my (our) credit card account as indicated below.

CUSTOMER INFORMATION

Company Name: _____

Address: _____

City/State/Zip Code: _____

Accounts Payable Contact: _____

Federal I.D. Number: _____

American Pride Account Number: _____

CREDIT CARD INFORMATION

Bank Name: _____

Account Number: _____

Expiration Date: _____

Credit Card Type: _____

This agreement is to remain in full force and effect until AMERICAN PRIDE CO-OP receives written notification of termination. In no event shall termination be effective with respect to entries originated prior to receipt of notice of termination. The "Company" understands charges to the credit card will only be honored if sufficient credit is available on the above referenced credit card, and finance charges will be assessed on unpaid balances.

Company's Representative: _____

Title: _____

Signature: _____

Please complete and return the original agreement to:
AMERICAN PRIDE CO-OP
55 W. BROMLEY LANE
BRIGHTON, CO 80601
FAX 720-685-1998