Good things come from Sysco™

Credit Card One-Time Charge Authorization Agreement

To protect your privacy, this form must be returned to the secure fax number at your local Operating Company and identified as CONFIDENTIAL - Credit Card Operations. This phone number or mailbox address can be obtained from your Marketing Associate. *Do not allow anyone else to handle or have your credit card information.*

The undersigned (CARDHOLDER), who has a financial interest(s) in each business location listed below (LOCATIONS), hereby authorizes Sysco Corporation and any of its subsidiaries or affiliates (Sysco) to charge the CARDHOLDER'S below referenced credit card account, in an amount equal to the amount of each invoice from Sysco as listed below as payment for goods delivered to any such LOCATION.

INVOICE NUMBER	AMOUNT AUTHORIZED TO CHARGE CREDIT CARD
TOTAL CHARGE	

BUSINESS	CARDHOLDER
Sysco Ship To Customer Number (See Invoice):	Cardholder Name:
Business Legal Name:	Cardholder Billing Street Address:
Business DBA Name:	City State Zip
Business Street Address:	Sysco Business Card (Y or N) If No, Card Type
City State Zip	Business Name (as it appears on card):
Telephone #:	Card Acct Number: Expiration Date (MO/YR)

Cardholder Signature _____ Date_____

Additional locations may be listed on back of this form, if applicable to your business.