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<http://wholesale.chocolatechocolate.com>

**CREDIT CARD VALIDATION FORM:**

DATE: \_\_\_\_\_

**CONTACT INFORMATION:**

**BUSINESS NAME:** \_\_\_\_\_

**FEDERAL TAX ID NUMBER:** \_\_\_\_\_

**STATE RESALE ID #** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BILLING INFORMATION:**

**CREDIT CARD TYPE:** \_\_\_\_\_

**NAME ON CREDIT CARD:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**CVS #** (BACK OF CARD) \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

PLEASE FAX THIS FORM BACK TO: DAN ABEL JR - GOURMET WHOLESALE DIVISION - (314) 721-9987 (FAX)