

CBD HEMP DIRECT
Wholesale Payment Form

ORDER NUMBER (Starts with "R")

BUSINESS INFORMATION

Name:

Address:

City: State: Postal Code:

Email Direct Telephone: ()

Website (optional)

CARDHOLDER INFORMATION

Name:

Billing Street Address:

Street Address (cont.):

City: State: Postal Code:

Email Direct Telephone: ()

CREDIT CARD INFORMATION

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number:

Expiration Month: Expiration Year:

Cardholder Signature X Date: / /

Security Code:

ORDER TOTAL \$:

Do you authorize for the full amount of the order(s)?: ☐ YES ☐ NO

Do you wish to keep this payment method on file for future charges?: ☐ YES ☐ NO

Your statement description will show up as "CBD HEMP DIRECT". Please make sure your bank does not block or decline any charges so there are no delays in processing your shipment.