

# Boutique Wholesale Payment Method Authorization

## Business/Account Information

Business Name

Contact Person

Email Address

Phone Number

Billing Address

## Payment Method

Authorized Payment Method

Account/Cardholder Name

Account/Card Number

Expiration Date (MM/YY)

Routing Number (ACH Only)

## Authorization

By signing below, I authorize Boutique Wholesale to charge the above account by the specified payment method for all approved purchases and invoices.

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Authorized Signature

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Date