

**Louisiana Specialty Drinks
Hico Distributing, Inc.
1603 S. Gayoso Street
New Orleans, LA 70125
Bus (504) 821-7711 Fax (504) 821-3021**

I, _____, hereby authorize Louisiana Specialty or Hico
Distributing to charge my credit card account in the amount not to exceed:

\$ _____

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____

Expiration Date: _____ VID: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Postal Code: _____

Telephone Number: _____

Cardholder Signature: _____

Date: ____ / ____ / _____

Your Completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Louisiana Specialty and Hico Distributing will keep all information entered on this form strictly confidential.