

ICE CREAM DISTRIBUTORS
OF FLORIDA, LLC



8055 NW 90th Street, Medley, Florida 33166

Phone: 305-883-0117

Fax: 305-889-2709

Email: adiaz@icecreamdf.com

Company Name:

Person Authorizing Payment:

Credit Card Type: Visa [] Master Card [] Amex [] Discover []

Card Number:

Expiration Date:

(Three digit code, for Amex the four code on back of card)

CVC Number:

Billing Address:

City:

State/Province:

Zip/Postal Code:

I authorize Ice Cream Distributors of Florida to charge this card in the following amount: \$ _____

Authorized Signature: _____

Date: _____
