

CITRUS DISTILLERS, LLC  
PAYMENT AGREEMENT INVOICE

BRAND NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

CHOOSE YOUR METHOD OF PAYMENT:

**CREDIT CARD**

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_ 3 OR 4 DIGIT SECURITY CODE: \_\_\_\_\_

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**PAYPAL** – EMAIL ADDRESS FOR INVOICE: \_\_\_\_\_

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**CHECK:** MAKE CHECKS PAYABLE TO “CITRUS DISTILLERS, LLC”

MAIL TO: CITRUS DISTILLERS, LLC

6701 GARDEN RD. SUITE 7

RIVIERA BEACH, FLORIDA 33404

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ANY QUESTIONS PLEASE CALL US AT 855-POT-MASH OR EMAIL US