



404-361-4900 Fax 404-608-0231

## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize My Produce Guy, to charge my credit card account weekly for open invoices.

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ 3 / 4 Digit Security Code:

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Requested Shipping Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Signature

Date

As the credit card holder, I also authorize My Produce Guy, to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_\_ Initials Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud, we will keep all information entered on this form strictly confidential.