



CREDIT CARD AUTHORIZATION FORM

Date: _____

Name On the Credit Card: _____

Customer/Business Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Type of Card: _____ Expiration Date: _____

Credit Card Number: _____



Three Digit Security Code: _____

I, authorize Direct Fresh Marketing Inc., to charge the above referenced credit card for the charges described below. I promise to pay such amount as noted, subject to and in accordance with the agreement governing the use of such card.

Amount Authorized for this Transaction: _____

Authorized Signature of Card Holder: _____

***In addition, please provide us with a copy of the front and back of your credit card, so that it may be kept on file for future transactions.**

*Cardholder acknowledges receipt of goods and/or services in the amount of the total shown here on and agrees to perform the obligation set forth in the Cardholder's agreement with the issuer. In the event that the above referenced card becomes invalid, the cardholder agrees to provide Direct Fresh Marketing Inc. a new card at their request to cover the transaction. At any time that the card is not approved for a transaction, Direct Fresh Marketing Inc. reserves the right to charge a fee based on any bank charges that may be incurred by the declining of said card. **This form is to be completed in its entirety to ensure proper authorization.***