

ORGANICCA

Credit Card Authorization Form

I, authorize **KADAN, CORP. dba ORGANICCA**
to use my credit card for payment as follows:

Amount: \$ _____ + 4% fee _____ = \$ _____

Invoice #: _____ (4% transaction fee will be added to all transactions)

Card Holder Information:

Visa

Master Card

American Express

Personal Credit Card number:

or

Company Credit Card number:

Expiration Date: _____ Security code numbers on card: _____

Name as it appears on card:

Billing address of card: _____

City _____ State _____ Zip _____

Telephone number _____

Authorized Signature: _____ Date: _____