Company Name:	
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P.O. Box 11337, Tampa, FL 33680



Office: 813-237-1600

Credit Fax: 813-849-6687

_____, hereby authorize Coastal Produce, Inc. to charge my credit card account for any charges due based on my credit terms. () VISA () MasterCard () American Express Credit Card Number: _____ Expiration Date: _____/___ VID Code: _____ **Credit Card Billing Address:** Name Printed on Card: City: ______ State: _____ Zip Code: ______ Country: _____ Telephone: _____ Contact: Send receipt Email to:_____ **Requested shipping Address:** Account: City: _____ State: _____ Zip Code: ______ Country: _____ Telephone: ____ As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above. Cardholder's Signature As the credit card holder, I also authorize Coastal Produce, Inc. to charges my credit card for future purchases verbally approved by me. Authorization Valid Until January 1, 2019 Initials Here: Your completion of this authorization form helps us to protect your our valued customers from credit card fraud. Coastal Produce, Inc. will keep all information entered on this form confidential and secure.