P.O. Box 11337, Tampa, FL 33680



Office: 813-237-1600

Credit Fax: 813-849-6687

, hereby authorize Coastal Produce LLC to charge my credit card account for any charges due each Monday for previous week charges. () VISA () MasterCard () American Express () Discover Credit Card Number: ____ Expiration Date: _____/___ VID Code: _____ **Credit Card Billing Address:** Name Printed on Card: City: _____ State: ____ Zip Code: ______ Country: _____ Telephone: _____ Contact:____ Email Receipt 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 Coastal Accounting is notified otherwize 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.