**Location Name:**_____

Coastal Food Group
"OUR GOAL IS TO ACHIEVE EXCELLENCE"

P.O. Box 11337, Tampa, FL 33680 Office: 813-237-1600 Credit Fax: 813-849-6687

I, _____, 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:_____

Street: _____

City: _____ State: _____

Zip Code: _____-_____ Country: _____

Telephone: _____ Contact:_____

Email Receipt to:_____

**Requested Shipping Address:**

Account:_____

Street: _____

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 Date

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.