

Location Name: _____



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 LLC dba Coastal Food Group to charge my credit card for future purchases verbally approved by me.

Authorization valid until Coastal Accounting is notified otherwise 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.