

Quality Food

St. Croix

Credit Card Authorization Form

_____, hereby authorize
Quality Food St. Croix to charge my credit card for all orders.

I understand there is a 3% service fee for using my card. I understand that if my card declines, I agree to pay a \$25.00 administrative fee per occurrence.

VISA MasterCard

Credit Card Number: _____

Expiration Date: _____ CVV Code (3 or 4 digits): _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

Cardholder's Name Printed: _____ Date: _____

Authorization Valid Until: _____

Customer Email Address: _____

Customer Signature: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud, we will keep all information entered on this form strictly confidential.

Kindly send this form to: AR @ qualityfoodvi.com