

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.

() 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 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.