

# 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.