



LETTER OF AUTHORIZATION FOR CREDIT CARD PAYMENT

I, _____ hereby authorize Belair Produce, Inc. to charge the following credit card:

ACCOUNT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

VISA/MASTERCARD:

Credit Card Holder: _____

Credit Card Number: _____

Authorization Code: _____
(3 digits on the back of the credit card)

Expiration Date: _____

Bank (name of the card's bank): _____

Billing Address (address monthly statement is mailed to);

Disclosure:

Amount of the balance of my account with Belair Produce Inc. every week will be charged. If for any reason my card is declined, I agree to pay 2.9% re-processing fee(s) to Belair Produce Inc., and these fee(s) will be charged to my above listed credit card. **I AGREE THAT ALL PURCHASES MADE BY THE ABOVE ACCOUNT ARE TO BE CHARGED TO THE CREDIT CARD LISTED**

Please attach a photocopy of both sides of the credit card.

Date: _____

Cardholder's Signature: _____

