



20 W. Mohler Church Rd
 P.O. Box 30
 Ephrata, PA 17522
 Phone: (717) 738-0454

Credit Card Billing Authorization Form

Credit Card Billing Information	
Name on Card:	
Person Authorizing:	
Business Name:	
Credit Card Type:	VISA [] Discover [] MasterCard []
Credit Card Number:	
CVC Number:	Last 3 digits from back of card:
Expiration Date:	
Credit Card Billing Address:	
City:	
State:	
Zip/Postal Code:	
Phone Number:	
Fax Number:	
E-Mail Address:	(Optional)
Please Select One of the Following Payment Options:	
Order by Order:	Bill this card for order number: _____ only.
Automatic:	Bill for every order within terms.
Would you like a Credit Card receipt from every transaction sent to you? Yes: __ No: __	
If so, which delivery format would you prefer for your receipt? Fax: __ E-mail: __	
<p>The undersigned guarantees that all information provided is accurate and complete. The undersigned also acknowledges that any sales orders may be terminated at Denver Wholesale Food's discretion if any charges are declined or charge backs are claimed against outstanding invoice amount.</p> <p>Cancellation of this Credit Card will only be available if written notification of the cancellation is provided.</p>	

I hereby authorize Denver Wholesale Foods to charge my order to the provided credit card.

Authorized Signature: _____ **Date:** _____

Please fax completed form to (717) 738-0418 or mail to address at top of page