

Credit Card Payment Authorization Agreement

Account: _____

Date: ____

VISA, MASTERCARD, DISCOVER & AMEX ACCEPTED

I, as the Cardholder(s), hereby do authorize your Accounting Department to charge my weekly statement balance for my World Wide Produce account to my primary or secondary credit card according to guidelines listed below:

• This credit card transaction will be processed automatically every week.

Please check the day of week that you would like your payment to be processed:

🗆 Monday 🛛 Tuesday 🔅 Wednesday 🔅 Thursday 🔅 Friday

- The credit charge will equal the "Amount Due" on the statement.
- Secondary credit card will be used in the event that an approval number cannot be obtained for the primary card number.
- I, as the cardholder(s), will be responsible for notifying, in writing, the Accounting Department one week in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.

Primary Card	Secondary Card
#	#
Expiration Date : / Month Year	Expiration Date : / Month Year
□Mastercard □Visa □Discover □Amex	□Mastercard □Visa □Discover □Amex
Security code:	Security code:
Complete cardholders name, address and phone number on file with credit card company	Complete cardholders name, address and phone number on file with credit card company
Name	Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax

Cardholder(s) Name PLEASE PRINT

Cardholder(s) Name PLEASE PRINT

Cardholder(s) Signature

Cardholder(s) Signature

Please return the completed and signed agreement to : Worldwide Produce 2652 Long Beach Ave, Los Angeles, CA 90058 Or fax to (213) 763-8539