

# Mendocino Foods, Inc.



## Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic or one-time billing, simply complete all the requested information below, sign, date and return the form Mendocino Foods, Inc. **All requested information is required.** Upon approval, we will automatically bill your card for the amount indicated and your total charges will appear on your monthly credit card statement.

You may cancel this automatic billing authorization at any time by phone (707-964-2250), email (info@mendocinomustard.com) or fax (707-964-0525).

**Store or Restaurant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I authorize Mendocino Foods to bill the card listed below as specified:

**Frequency:** One Time Billing: \_\_\_\_\_ (or) Billing for Future Orders\*: \_\_\_\_\_

*\*Your card will not be charged until your order has shipped.*

**Name as it appears on credit card:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ (VISA, MasterCard, DISCOVER, or American Express.)

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)      **Security Code:** \_\_\_\_\_

**Mailing Address** (where your credit card statement is sent): \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_