

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ Security Code: _____
Cardholder ZIP Code (from credit card billing address):	_____

By entering my name on the signature line below, I, _____, authorize Spring Hill Farms to charge my credit card above for agreed upon purchases including a 3% credit card fee. I understand my information will be saved for future transactions on my account.

Customer Signature

Date