

Keany Produce Company

Phone: 301-618-5491

Fax: 301-618-5445

Credit Card Purchase Authorization

Name of Account _____

Customer Number _____ Date _____

- Complete name of person or company as it appears on card (print)

- Complete 16 digit account number _____

- Expiration Date ____/____ Visa or Master Card? _____

- Phone and fax numbers of person responsible for purchases

PH: (____) _____ - _____ FX: (____) _____ - _____

- Billing address of card _____

Please include copy of card (front and back)

I hereby authorize Keany Produce Company to bill my _____ credit card, number _____, expiring ____/____ for goods received by _____. This consent will begin on ____/____/____ and end when I notify Keany Produce Company, in writing, to terminate this agreement.

Signature

Date