

Keany Produce Company

Phone: 301-618-5491

Fax: 301-618-5445

Alt. Fax: 301-618-5484

Credit Card Purchase Information

Name of Account _____

Customer Number _____ Date _____

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

- Complete 16 digit account number _____

Expiration Date ____/____ Security Code: _____ Visa or MC

- Phone and fax numbers of person responsible for credit card 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