



105 Mitcham Cir Tiger GA 30576

Credit Card Payment Authorization Form

I _____ authorize Hillside Orchard Farms to process a charge to my credit card for invoice # _____ as a one time charge of \$ _____.

I _____ authorize Hillside Orchard Farms to process a charge to my credit card for all open invoices at time of shipping.

I _____ authorize Hillside Orchard Farms to process a charge to my credit card for total amount due if account falls past terms agreed upon.

Company _____ Contact _____

Billing Address _____

City, State, Zip _____

Phone# _____ Email _____

Credit card Information

Visa Master Card American Express Discover

Cardholders Name _____

Account # _____ Exp ____/____ CVV (3/4 dig code) _____

It is hereby certified that the fore mention information is true and correct to the best of my knowledge. We agree to pay all charges in accordance with the terms stated on the invoices. If we fail to do so, we agree to pay any late charges, collection expense, attorney fees or service charges if collection procedures are instituted.

Signed: _____ Title _____ Date _____