

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us¹. This authorization will remain in effect until cancelled. This information will be processed by [Square, Inc.](#) and may be stored in the United States and other countries.

Credit Card Information
Card Type: <input type="radio"/> MasterCard <input type="radio"/> VISA <input type="radio"/> Discover <input type="radio"/> AMEX <input type="radio"/> Other _____
Cardholder Name (as shown on card): _____
Last 4 digits of Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Postal Code (from credit card billing address): _____

I, _____, authorize **Vrè Nord Delivery Co.** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date