Maverick Farms Credit Card Authorization Form

Please complete all fields. This authorization will automatically cancel after the agreed upon contract expires.

Credit Card Information
Card Type: MasterCard ____ Visa ____ Discover ____ AMEX ____ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ Exp: ___/___ CVV: _____
Cardholder billing address: _____ _____

I, _____ authorize Maverick Farms to charge my credit card above for the agreed upon purchases outlined below. I understand that my information will be saved to file for the following outlined future transactions on my account. I also acknowledge my review and understanding of the Terms & Conditions of my chosen CSA program as outlined at www.maverickfarms.ca/csa.

Description of Agreed Upon Purchases			
Invoice Date	**Due Date**	**Description**	**Amount**

_____ _____

Customer Signature Date

Maverick Farms agrees to only charge the above credit card for the agreed upon purchases outlined above. Once the agreed upon terms expire this authorization will expire.

_____ _____

Representative Signature Date