



404-362-9390 Fax 404-608-0231

Credit Card Authorization Form

I, _____, hereby authorize
Athena Farms, to charge my credit card account weekly for open invoices.
() VISA () MasterCard () American Express () Discover
Credit Card Number: _____

Expiration Date: ____ / ____ 3 / 4 Digit Security Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone: () ____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone: () ____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at
the shipping address above.

_____/_____/_____
Cardholder's Signature Date

As the credit card holder, I also authorize Athena Farms, to charge my credit
card for future purchases verbally approved by me.

Authorization Valid Until: _____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our
valued customers, from credit card fraud, we will keep all information
entered on this form strictly confidential.