Farmers' Market Credit Card Authorization

Name of Compan	У			
Credit Card:	VISA	MasterCard	Discovery	
(WE)	DO NOT ACCE	EPT AMEX AT THIS T	IME)	
Name as it appear	s on card			
Card Number	-	-		
Expiration Date _		/		
3-digit Security C	ode or CVC (Lis	sted on back of card)		
Billing Zip Code ₋				
Please charge my Market on			t the	Farmers
Comments				
By signing this		orize the Farmers' N	Market to charge my cre	dit card for the
Print name:				
Signed:			Date:	
Yes, Plea	se keep this card	d on file for future charg	es	