



2001 S Street, NW Washington, DC 20009 / 202.588.5698

### Credit Card Payment Authorization Form

Sign and complete this form to authorize Glen's Garden Market to make approved charges to your credit card listed below.

By signing this form, you give us permission to charge your account for orders you place with Glen's Garden Market. This is permission for a transaction specific to the authorized invoice amount, and does not provide authorization for any additional unrelated debits or credits to your account.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Glen's Garden Market to charge the  
(full name)  
credit card listed below for the amount specified in the order placed for this organization.

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV code: _____
Cardholder ZIP code (from credit card billing address): _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.