

The FoodSmiths Catering, LLC

Credit Card Addendum

PLEASE FILL OUT COMPLETELY, SIGN AND DATE

Amount Authorized: \$ _____ . _____ for your order on _____, 2011

Name (please print):					
Contact name (if business):		Billing Phone number:			
Credit Card Billing Address:					
City:		State:	Zip:		
Name as it appears on the credit card (if different than above):					
Select type of card:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>	
Card number:		Expiration date:		EID:	<input type="text"/> <input type="text"/> <input type="text"/>
I hereby authorize Freshwater Farms to charge the amount shown above to the card specified above. I agree to pay all the above credit card charges as well as any processing fees in accordance with the Card Issuer Agreement and the Invoice for the order					
Signature:				Date:	