

## Credit Card Authorization Form

Please complete form and return to Jack and Jill.  
All information will remain confidential.

Cardholder name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AmEx

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits on the back of the credit card)

\*AmEx users use 4 digit code: \_\_\_\_\_

I authorize Watford Foods Jack and Jill LLC to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase un accordance with the issuing bank cardholder agreement.

Carholder-Print Name, Sign and Date Below:

Signed \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

**Once signed return the completed form to:**

**Jack and Jill  
Ken Jedneak  
Box 564  
104 3<sup>rd</sup> Ave NE  
Watford City, ND  
58854**