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CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

- Mastercard Visa Discover American Express Other
 For one time use only

Cardholder name:
(as shown on card)

Company name:

Card number:

Expiration date:

Security code:

Billing zip code:

I, _____, authorize Arizona Wholesale Growers to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account unless noted for one-time use.

Note - There will be a 2% surcharge for all credit/debit card transactions.

Please complete all fields above. You may cancel this authorization at any time by contacting our office at 623-581-3100. This authorization will remain in effect until cancelled.