

Credit Card Payment Authorization Form

You authorize regularly scheduled charges to your credit card. You will be charge the amount indicated on the statement. A receipt for each payment will be provided to you and the charge will appear on your credit card account statement. You agree to pay Nino's Fine Foods the amount charges. In which case you will receive a notification from us before the payment being collected.

3% processing surcharge will be add to credit card payments
Billing Details

Name on the
Card: _____

Credit Card information VISA. MASTER CARD AMEX DISCOVER
Other: _____

Account Number _____
Expiration Date _____
Security Code _____
Billing Address _____
City, State, Zip _____
Phone Number _____

Name of entity _____
Address _____
Phone Number _____
email: _____

**By signing this form, you authorize _____
to charge your card for the amount listed above.**

Signed: _____

Date: _____