

CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize Mycoterra Farm/Mass Food Delivery to charge my credit card a \$10 delivery fee per order. I understand that my credit card information will be saved *securely* to my Mass Food Delivery account so that this fee can be processed for each order that is delivered. Furthermore, I understand that should this payment be declined, my order will be cancelled and I will not receive a delivery.

Type of Card: Visa Mastercard Discover Amex

Credit Card Number: _____

Expiration Date: _____ / _____

Name of Cardholder: _____

Credit Card Billing Address: _____

Amount to be charged: \$10 per order

Cardholder Signature: _____ Date: _____

By signing this, I acknowledge the charges described in this form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept Mycoterra Farm/Mass Food Delivery's Terms and Conditions.

Signed: _____ Date: _____

Completed form can be sent to:
Mycoterra Farm & Mass Food Delivery
75 Stillwater Road
South Deerfield, MA 01373
admin@massfooddelivery.com