

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name:

Billing Address:

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number:

Expiration Date:

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

Amount to Charge: \$ (USD)

I authorize to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

Oasis Foods, INC
2222 Kirkman St.
Lake Charles, LA, 70601
Fax Number: (337)437-1174
Email: info.oasisfoods@gmail.com

