



Credit Card Authorization

If you wish to make your payment by credit card, please complete the following information. All orders will be shipped promptly upon authorization and confirmation of payment.

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Customer Store Name: _____

Card Number: _____

Expiration Date: _____

3-Digit Code: _____

Name: _____

(as it appears on card)

Complete Billing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please Note: The following information will be used by COVINGTON FOODS INC for payment purposes only and after verification and authorization by customer for each transaction. Please rest assured that all credit card information will kept confidential

Please Note: The undersigned certifies that he/she is the authorized user of the credit card as provided in the information above. The undersigned acknowledges that he/she is fully responsible for providing COVINGTON FOODS, INC with updated information should the credit card expire or become void for nay reason.

Authorized User's Signature: _____

Name: _____

Date _____