



7350 NW 30th Ave Miami, FL 33147 Office: (305) 545-1399
customerprofile@mrgreensproduce.net - Fax: (305) 262-1684

CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

Restaurant Name: _____

Card Type: (Check One)

____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS

Card Number: _____ Exp Date: _____

Card Authorization Code (3 digits for V/MC or 4 digits for AMEX) _____

Name on Card: _____

Billing Address of Card:

City: _____ State: _____ Zip: _____

Amount of Charge/Terms: Invoices will be charged daily unless other terms were arranged.

Email: _____

Phone Number: _____

I _____ authorize Florida Veg Investments, LLC, DBA Mr. Greens Produce to process the above credit card as "Signature on File" for the invoices based on my terms.

Authorized Signature: _____

**** A COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD MUST BE SUBMITTED WITH THIS FORM ****