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### 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 \*\***