



# COMBINED CREDIT/DEBIT CARD AUTHORIZATION

Patron # \_\_\_\_\_  
13323 James Madison Hwy  
PO Box 590  
Orange, VA 22960  
(540) 672-2977

I, \_\_\_\_\_ (Print Customer Name), Authorize EverGRO Cooperative to charge the credit account indicated below for deliveries made per my telephone, mail, or automatic fill program request. This payment form will remain in force until the expiration date of the credit account listed below or until I notify the store at the above store address, by mail.

VISA	MasterCard	Discover	AMEX	John Deere Financial
Credit	Credit	Credit	Credit	
Debit*	Debit*	Debit*	Debit*	N/A

(Mark the appropriate box for the card type).

\*Debit cards access a depository bank account directly and pre-authorizations will result in the card issuer placing a hold on the funds in the checking account even if processed as a "credit". Most holds are removed when the sale has been finalized, usually within one to two business days or longer (between three to thirty days) as dictated by the card issuer's business rules.

Name as it appears in card: \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_  
\_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(First six, space, and last four digits. We will contact you for remaining numbers)

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Declined charges to the above listed account will be due immediately. If payment is not received, EverGRO Cooperative reserves the right to charge interest at a rate of 18% per annum as well as reasonable attorney's fees in the event litigation or other collection efforts are required.

\*Please complete "Authorized Users" section on reverse side\*

## Authorized Users

I hereby authorize the following individuals to sign my Credit Card account listed above on my behalf for products and/or services purchased or ordered per telephone request, mail request, or in-person made by myself or by persons authorized below.

Authorized:

Authorization Canceled By:

(1) _____ Print Name	(1) _____ Signature	(1) _____ Account Holder	Date: _____
(2) _____ Print Name	(2) _____ Signature	(2) _____ Account Holder	Date: _____

Note: If any Authorized User is no longer authorized to place charges, the Card Holder must cross out the Authorized User's name, sign and date the form opposite the name that has been stricken.