

Kruse Feed & Supply, Inc.
Credit Card Authorization Form



.....
DATE: _____
(MM/DD/YY)

ALL INFORMATION BELOW MUST AGREE WITH RECORDS ON FILE WITH CREDIT CARD COMPANY.

CUSTOMER NAME: _____

CARDHOLDER NAME: _____
(As it appears on credit card)

ADDRESS: _____
(Street or PO Box)

(City, State, Zip Code)

PHONE: _____

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**I authorize KRUSE FEED & SUPPLY, INC. to debit my Credit Card for services ordered.
I understand that every order will be charged to my credit card unless otherwise specified.**

Credit Card Type: Visa Master Card Discover

Card Number: - - -

Expiration Date: _____ / _____
(mm / yy)

Zip Code: _____
(That the credit card is billed to)

Authorized Signature: _____

<p>Please return the completed application as soon as possible. Fax to: (562) 690-2805 or Mail to: Kruse Feed & Supply 2300 E. Lambert Rd. La Habra, CA 90631</p>
