



Credit card authorization form

Please print, fill out & give to driver.

This form is to authorize Fresh Option Organic Delivery to keep the following credit card information on file, and to charge deliveries to account as needed.

Name: \_\_\_\_\_

Name on account (if different then above): \_\_\_\_\_

Address: \_\_\_\_\_

Credit card number (VISA OR MC only): \_\_\_\_\_

Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

All information will be kept on file in a secure location.

**Please give original signed form to driver to bring back to office.**

If you have any questions, let us know.

Fresh Option Organic Delivery

PH 204-772-1479

FAX 204-774-9908

EMAIL [email@freshoption.ca](mailto:email@freshoption.ca) (never send credit card information over email)