



Credit Card Authorization

If you wish to make your payment by credit card, please complete the following information. All orders will be shipped promptly upon authorization and confirmation of payment.

Card Type:

(Circle One)

Visa / Mastercard

Card Number

(16-digits)

Expiration Date

(month/date/year)

3-digit Code

(on back of card)

Name

(as it appears on card)

Billing Address

(same as credit card)

Please Note: The following information will be used by Covington Foods Inc for payment purposes only and only after verification and authorization by customer for each transaction. Please rest assured that all credit card information will be kept confidential.

The undersigned hereby certifies that he/she is the authorized user of the credit card as provided in the information above. The undersigned acknowledges that he/she is fully responsible for providing Covington Foods Inc with updated information should the credit card expire or become void for any reason.

Authorized User's

Signature

Name

Date

Covington Foods Inc

(954) 837-3312

Fax: (954) 964-4222

Email: Peterm2150@aol.com

newberrysfrozenyogurt.com