

GC buying group

Credit Card Payment Authorization

Please choose Recurring or One Time Charge and Enter Your Details

Recurring Charge You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize _____ to charge my Credit Card for
\$ _____ on the _____ day of each _____. This payment is for
_____.

One Time Charge Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, authorize _____ to charge my Credit Card for
\$ _____ on _____. This payment is for
_____.

Billing Information

Billing Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____
Company Name _____

Credit Card Information

Card Type Visa Mastercard American Express Other
Cardholder Name _____
Account Number _____
Expiration Date _____
CV _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

If you need assistance please contact Elyssa Barnett at Elyssa@GourmetCatalog.com or 214-855-0005.

Authorized Signature _____ Date _____

Print Name _____