

**ALOHA JUICE COMPANY
PO BOX 2086
CLACKAMAS, OR 97015
503.231.1446**

**Credit Card Authorization Form
Fax this completed form to (503)231-0031
Or email to wendy@alohajuiceco.com**

ACCOUNT NAME: _____

EMAIL ADDRESS FOR RECEIPT: _____

THIS CREDIT CARD IS A: VISA MASTERCARD AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CARD SECURITY CODE (CV2) _____

CUSTOMER'S NAME (as it appears on the credit card) _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

Address

City

State

Zip

I authorize Aloha Juice Company to charge my credit card for payment of services. If Aloha Juice Company is unable to process my payment; I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct.

There is a 2% processing fee.

Applicant's Signature

Date