

**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 3% processing fee.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date