



Good Earth

COFFEEHOUSE AND BAKERY

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____
Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I authorize Good Earth Café Campus Tower to keep this card number on file and charge the agreed amount to my credit card provided herein for catering orders for _____. I agree that I will pay these purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____
Dated: _____
Name: _____

Once signed return the completed form to:

Russell Giesbrecht
Good Earth Café-Campus Tower
8623-112st, Edmonton, AB T6G 1K8
(780) 863-3075
Goodearthcampus@gmail.com