

**McCormix Corporation**  
**CREDIT CARD AUTHORIZATION FORM**

I am aware of and agree to pay the 3.5% credit card convenience fee \_\_\_\_\_ Initials

Name on Credit Card: \_\_\_\_\_

VISA	MasterCard	<u>Amount:</u> \$ _____ <u>3.5% Fee:</u> \$ _____ <u>Total Charge:</u> \$ _____
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Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ VID Code: \_\_\_\_\_ (Last 3 numbers on back of card)

Credit Card Billing Address:	Requested Shipping Address:
Street: _____	Street: _____
City: _____	City: _____ State: _____
State: _____	Zip Code: _____
Zip Code: _____	Telephone: (____) _____ - _____
Telephone: (____) _____ - _____	

As the credit card holder, I hereby authorize **MCCORMIX CORP.** charge my credit card for products or services received I authorize my bank or credit card company to release these funds to the merchant processing bank.

\_\_\_\_\_  
Printed Name \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Authorized Signature

As the credit card holder, I authorize **MCCORMIX CORP.** to charge my credit card for future purchases. I understand my card will be charged on or after invoice due date and a 3.5% convenience fee will apply.

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date