Sonetta Community Market at Hunters

2084 Jacob Tome Memorial Highway

Port Deposit, MD 21904

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Sonetta Community Market at

Hunters to charge my credit card below for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the first day of each month,

for each month of my Sea Container Contract. I understand that no prior notification will be provided. I understand that his authorization will remain in effect until my Sea Container Contract has terminated, or until I cancel this authorization in writing. I agree to notify Sonetta Community Market in writing of any changes to my account information. If the first day of the month falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of his credit card and will not dispute these scheduled transactions with my credit card company.

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| --- |
| \_\_\_ Visa Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ MasterCard  \_\_\_ Amex Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Discover  Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCM Authorized Witness Date