



WILD TURKEY FARM LLC
29030 SW Town Center
Loop E, Suite 202 #533
Wilsonville, OR 97070
Cell 650 303 6747
Fax 503 610 7079

CREDIT CARD AUTHORIZATION FORM

All information will remain confidential.

Cardholder Name (as show on the card): _____

Billing Address: _____

City, State & ZIP: _____

Credit Card Information				
Card Type:	VISA	Mastercard	Discover	AMEX
	Other: _____			
Card Number:	_____			
Expiration Date:	_____	Security Code/CVC2/CWV2:	_____	

Amount to Charge: \$ _____

Authorization

I authorize Wild Turkey Farm, LLC to charge my credit card provided herein for the agreed amount listed above plus all fees incurred by method of credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that my information will be saved to file for future transactions on my account.

Signature

Date