GLOBALG.A.P. North America Inc.

Credit Card Payment Authorization Form

Please send completed form to needham@globalgap.org. We will send you a payment confirmation via email once your credit card transaction has been processed.

Customer Information:

Full Name: _____

Full Name on Credit Card: _____ ☐ Same as Full Name

Company: _____

Phone: _____

Email Address: _____

Credit Card Billing Address:

Street: _____

City, State/Province, Zip/Postal Code: _____, _____, _____

Country: _____

Mailing Address: ☐ Same as Billing Address

Street: _____

City, State/Province, Zip/Postal Code: _____, _____, _____

Country: _____

Credit Card Information:

Credit Card Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Other

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Payment & Order Information:

Amount to be Charged (in US Dollars): _____

Invoice Number: _____

Invoicing Details: _____

Credit Card Authorization:

☐ I hereby authorize GLOBALG.A.P. North America Inc. to process my credit card for the amount indicated above.

Signature: _____

Date: _____

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