

**Rooted Farmers Market Collective**

35340 HWY 41 Coarsegold CA 93614

**Credit Card Authorization Form**

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

I hereby affirm that I am the owner of the below referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize Rooted Farmers Market Collective to charge my credit card (listed below) for appropriate fees/fines/payment as decided by the Market Director for my participation in the 2024 Rooted Farmers Market Collective.

Account Holder Signature

\_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature X

Date: