



**Credit Card Authorization Form**

**Cardholder's Name:** \_\_\_\_\_  
(Exactly as it appears on the credit card)

**Credit Card Billing Address:**

(street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_

(zip) \_\_\_\_\_

**Contact Information:** (email address): \_\_\_\_\_

(day phone): (\_\_\_\_) \_\_\_\_\_ (fax number): (\_\_\_\_) \_\_\_\_\_

I authorize Whole Foods Market (621 Broad St., Durham, NC 27705) to accept my credit card as a form of payment with my telephone order. I agree to pay the amount under contract with the card issuer. I request for Whole Foods Market to mail my receipt to the above billing address at the time of purchase.

**Card Holder Signature:** \_\_\_\_\_

**V/MC/DIS/AE Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Issuing Bank:** \_\_\_\_\_

**Issuing Bank's Customer**

**Service Telephone Number:** (\_\_\_\_) \_\_\_\_\_

All information will remain confidential and sealed.

Please mail or fax completed form to:

Whole Foods Market  
621 Broad St.  
Durham, NC 27705  
Fax: 919-286-5372  
Attention: Cash Office / Catering Department

**We require an original signed form on file in order to process orders.**