



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.