



Credit Card Authorization Form

Cardholder's Name: _____
(Exactly as it appears on the credit card)

Credit Card Billing Address:
(street) _____
(city) _____ (state) _____
(zip) _____

Telephone Numbers: (home): (_____) _____
(work): (_____) _____ (fax): (_____) _____

I authorize Whole Foods Market (4021 Hillsboro Pike, Nashville, TN 37215) 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.

Card Holder Signature: _____

V/MC/DIS/AE Number: _____

Expiration Date: _____

Issuing Bank: _____

Issuing Bank's Customer

Service Telephone Number: (_____) _____

All information will remain confidential.
Please **mail or fax** completed form to:
Whole Foods Market
4021 Hillsboro Pike
Nashville, TN 37215
Fax (615) 440-5110

Attention: Catering Department