



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

I authorize Whole Foods Market (650 Ponce de Leon Avenue, NE, Atlanta, GA 30308) 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** completed form to:

Whole Foods Market  
650 Ponce de Leon Avenue, NE  
Atlanta, GA 30308

Attention: Suzette Hetzer, Catering Specialist

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