



WILD TURKEY FARM LLC  
29030 SW Town Center  
Loop E, Suite 202 #533  
Wilsonville, OR 97070  
Cell 650 303 6747  
Fax 503 610 7079

### CREDIT CARD AUTHORIZATION FORM

All information will remain confidential.

Cardholder Name (as show on the card): \_\_\_\_\_

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

City, State & ZIP: \_\_\_\_\_

Credit Card Information				
Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other: _____			
Card Number:	_____			
Expiration Date:	_____	Security Code/CVC2/CW2:	_____	

Amount to Charge: \$ \_\_\_\_\_

### Authorization

I authorize Wild Turkey Farm, LLC to charge my credit card provided herein for the agreed amount listed above plus a 3.5% transaction fee as stated in section 6.a of this contract. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date