



Payment Authorization Form

Please return signed authorization form to your CCF sales rep or submit to ar@cherrycapitalfoods.com.

Business/Company Name

Contact Name

Billing Address

Phone Number

City

State

Zip

Email

Payment Information *(select only one)*

ACH - Checking/Savings

Credit Card *(please note: a 3% processing fee will be applied)*

Account Type

Card Type

Checking

VISA

Discover

Savings

MasterCard

AMEX

Bank Name

Cardholder Name

Account Number

Account Number

Routing Number (9-digits)

Expiration Date

CVV Code

Please select your choice of payment:

Enroll in Auto-Pay

One-time Payment \$

I, _____, authorize **Cherry Capital Foods** to initiate payment transactions for agreed upon purchases using the account number indicated in this authorization form.

Signature _____

Date

(signature required)