



Cucumber and Company, INC.

REV:12.22.16

Credit/Debit Card Form

Phone: 304.250.0123 Fax: 304.606.3006 Cell: 304.320.9240
cucumberand.co

Company Name _____ Customer Account Number _____ DATE _____

Use my Credit/Debit card for a **ONE-TIME** charge of \$ _____ plus tax.

Use my Credit/Debit card for a **RECURRING** charge of \$ _____ plus tax:

Weekly Monthly Quarterly Annually

Start billing on: _____

End billing when:

Contract expires:

Customer provides written cancellation.

Card Information

Cardholder Name (as shown on card) _____

Card Type _____

Card Number _____

Expiration Date _____ Security Code (Back of Card) _____

Billing Information

Customer Name (FIRST, LAST) _____

Phone Number _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Shipping Information

SAME AS BILLING

Customer Name (FIRST, LAST) _____

Phone Number _____

Address _____

City _____ State _____ Zip Code _____

BY SIGNING THIS AUTHORIZATION, I AGREE TO LET CUCUMBER AND COMPANY. CHARGE MY CREDIT/DEBIT CARD THE NOTED AMOUNT ON THIS FORM AND ANY OTHERS.

Customer Signature _____

Date _____

Customer Print Name _____