



CREDIT CARD PROCESSING FORM



To Our Customer,

You can pay your monthly charges to us automatically with a Visa, Mastercard, (credit or debit) or American Express by completing the information below:

I hereby authorize an electronic credit card debit on the account designated for the Royal Crest Dairy invoiced amount each month. **My account will be automatically debited by an electronic credit card transaction on the 10th of each month for as long as I am a customer of Royal Crest Dairy or I make contact to stop this process.** All information you provide is strictly confidential. You will receive an itemized statement the 1st delivery of each month. A valid credit card with a new application will be used in lieu of a credit record review.

Date of Transaction: _____ Company Rep ID: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____ Royal Crest Account # _____

Phone (____) _____ Work (____) _____

Route Number _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Service address with Royal Crest Dairy _____

City _____ State _____ Zip _____

Credit Debit Other (i.e. prepaid) _____

Recurring variable amount — please initial here (_____) One time debit \$ _____

Visa Mastercard AMEX Expiration Date _____

Mastercard / Visa Number ____ / ____ / ____ / ____

AMEX Number ____ / ____ / ____

Notes: _____

In accordance with credit card requirements, I understand that any declined transactions will be collected immediately and may cause an interruption of my home delivery service. Royal Crest Dairy reserves the right to review my credit record, if changes in payment method occur. My signature authorizes Royal Crest Dairy to charge this credit card.

Signature _____ Date _____