



## Credit Card Authorization

**La Marca Sansone, LLC**  
2133 Jericho Turnpike • Garden City, NY 11040  
Tel: 516.746.3695/3696 • Fax: 516.746.5935 • felicia@sansonefoods.com

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

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### Payment Information

Cardholder Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_  Visa  Mastercard

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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I, \_\_\_\_\_, authorize La Marca Sansone, LLC to charge my credit card for the total amount of \$\_\_\_\_\_.

I acknowledge the purchasing of products and related charges described hereon. I will be fully responsible for the full payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_