



Credit Card Authorization

La Marca Sansone, LLC.

2133 Jericho Turnpike Garden City Park, NY 11040

Tel: 516.746.3695 Fax: 516.746.5935

Felicia@sansonefoods.com

Customer Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Payment Information

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____

I, _____, authorize La Marca Sansone, LLC. to charge the above credit card in the total amount of owed invoice/s.

Note: There will be a 2% convenience surcharge on transactions made with all credit cards.

I acknowledge the purchasing of products and related charges described hereon.

Signature: _____ Date: _____