



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: _____

Payment Information

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Visa Mastercard

Expiration Date: _____ CVV: _____

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. I accept and understand the additional 2% convenience fee on all credit card charges.

Signature: _____ Date: _____