



ALOHA PRODUCE, INC.

PO BOX 3099 • CLACKAMAS, OREGON 97015
PHONE: 503-239-0300 • FAX 503-234-8873
www.alohaproduce.com



CREDIT CARD AUTHORIZATION FORM

Name on the Card: _____

Company Name _____

Type of Card: Visa MC AmEx

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

**By signing this form, you authorize Aloha Produce, Inc. to charge your card
for any outstanding invoices. Weekly Monthly**

Signed: _____

Date: _____

Print Name: _____