

Credit Card Authorization Form

Company Name:	Company Address:
Phone Number:	Email Address:

CREDIT CARD INFORMATION

Cardholder Name:	Credit Card Number:
Expiration Date:	CVV (Security Code):

Card Type: Visa MasterCard American Express Discover

BILLING INFORMATION

Billing Address:	
City:	State/Province:
Zip/Postal Code:	Country:

AUTHORIZATION AND AGREEMENT

I, _____, hereby authorize EuroChef USA LLC to charge the credit card listed above for all orders, shipments, and open invoices related to my account. This authorization covers all future transactions until I provide written notice of cancellation.

I affirm that I am the authorized cardholder of this credit card and that I am fully authorized to enter into transactions and make payments to EuroChef USA LLC.

By signing below, I also confirm that I have read, understood, and agree to the terms and conditions of EuroChef USA LLC, including its policies on refunds, exchanges, and returns. I acknowledge that this authorization and agreement is bound by these terms and conditions.

Signature

EuroChef LLC allows for the payment of products and services through credit cards as detailed in our Credit Card Authorization form. Customers agree to authorize EuroChef LLC to charge their credit card for all purchases, agreeing to the terms of our refund, exchange, and returns policy.

CHANGES TO TERMS AND CONDITIONS

EuroChef USA LLC reserves the right to amend these terms and conditions at any time. By continuing to use the website after such changes, you agree to be bound by the revised terms.

Cardholder Signature:	Date:
-----------------------	-------

CONTACT INFORMATION

Phone Number:
Email Address: