



Texans'
Store to Door
GROCERY DELIVERY

Card Authorization form

Name _____

Company _____

Address _____

City, State & Zip _____

Circle one Charge Amount \$ _____

M/C VISA AMEX DISC Other _____

Card # _____

Expiration _____ CVV _____

Order # _____

Description _____

Invoice # _____ Ref _____

Transaction # _____

Date _____ Done by _____

Notes _____

To be completed if card kept on file

Account Charge Card approval Authority _____

Date _____ Card Expiration _____

Account Limit _____ Date of Acct setup _____

TDS Acct # _____