



Credit Card Authorization Form

Please print, fill-out and fax this form to complete your order to (203) 925-5833 or email back to admin@ctcoconut.com. Thank You.

Your Name, if different from card _____

In lieu of my credit card imprint, I _____ hereby authorize
(Cardholder's name as it appears on the credit card)

Connecticut Coconut Company to charge my: Visa MasterCard Discover

Four groups of four boxes for the 16-digit credit card number, followed by a slash and two boxes for the expiration date.

16-digit Credit Card Number

Exp. Date

Security Code [3 boxes] The 3-digit security code is located on the back of your card, inside the signature area. Typically the signature panel will have a series of numbers, but only the last three digits make up the CVV2/security code.

In the amount of \$ [8 boxes with decimal markers] for the payment of item(s) in Order # _____

My billing address:

Street _____

City _____ State _____ Zip Code _____

Home Phone () _____ Office Phone () _____

Country (if not the U.S.) _____ E-Mail Address _____

By signing below, I acknowledge charges for payment of goods described hereon.

X _____
(Authorized Signature of cardholder & Name in Print)

_____/_____/_____
Date

All of the above information is required in order to process your order. Thank you for your order and for being a valued customer.