

Island Pets and Feed

Delivery Sign- Up & Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

I _____, authorize Island Pets and Feed to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature _____ Date _____

Products to be Delivered _____

Frequency of Delivery _____ Weeks

How would you like to be notified before delivery? Please Circle One

Call Text Email Not notified Other

Contact Info for Chosen Method _____

Address

