



Merchant Credit Card Payment Authorization Form

Merchant Business

Business Name: _____

Cardholder Information

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip Code: _____

I authorize a one-time charge against my credit card for the following amount \$ _____

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____ Date ____/____/____

There are no refunds of fees charged or collected by the Ocean Pines Farmers & Artisans Market.

A Marketplace Rooted in Community

At White Horse Park ▪ 239 Ocean Parkway ▪ Ocean Pines, Maryland 21811 ▪ 410-641-7717