



# Browning's Honey Co., Inc. Credit Card Authorization Form

I \_\_\_\_\_ authorize \_\_\_\_\_ to charge my credit card.  
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown.

AMOUNT HERE \$ \_\_\_\_\_ USD REFERENCE \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_ ATTACH RECEIPT

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_

(3 digit code on back of card)

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FAX OR MAIL TO:**

Browning's Honey Co., Inc.  
9019 N 5 E  
Idaho Falls, ID 83401  
(208) 523-3692  
(208) 523-3717 fax

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: