



8300 Cody Dr, Ste A
Lincoln, NE 68512
www.AlpacaInfo.com
phone: (402) 437-8484
fax: (402) 437-8488

ATTENTION: _____

CREDIT CARD PAYMENT AUTHORIZATION FORM

Account Number: _____

Farm/Ranch/Business Name: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Check here if the above information is new and should be updated in our system

Please charge my credit card in the amount of \$ _____

Type of Credit Card: MC _____ VISA _____ AMEX _____ Discover _____

Card Number: _____ CVC #: _____ Exp. Date: _____

Name of Cardholder (please print): _____

Signature of Cardholder: _____

NOTE: AOA does **NOT** keep credit card numbers on file. Once charged, this form will either be shredded or your credit card number blacked out.

OFFICE USE ONLY

