



556 Empire Road
Copake, NY 12516
T 518 329 FARM

Billing Form

Primary Shareholder : _____

Phone Number : _____ Email Address : _____

Options :

- FarmOn! Lover (Full Season 10 Boxes Vegetarian Share) \$450
- FarmOn! Lover (Vegetarian Share) ONE BOX \$55

*All credit card payments are subject to a nominal processing fee of 3.65%

CARD HOLDER'S NAME: _____ **PHONE:** _____

CARD BILLING ADDRESS: _____ **FAX** _____

CREDIT CARD #: _____ **EXP DATE:** _____

American Express Visa Mastercard Check

AUTHORIZED SIGNATURE: X _____

I hereby authorize the FarmOn! Foundation to debit my credit card account as payment for the pre-paid items described above.