



Credit Card Authorization Form

Please complete this form and return to
Lowes Foods to Go
PO Box 24908 – Winston-Salem, NC - 27199-2411
Fax: 888.441.4881

Credit Card Information

All information must be completed and remains confidential.

Name as it appears on card: _____

Circle One: Discover MasterCard Visa American Express

Account Number: _____ Exp. Date: _____

Card Holder's Driver's License Number: _____ State: _____

Card Holder's Address: _____

Card Holder's Home Phone Number: (_____) _____

Card Holder's Work Phone Number: (_____) _____

Date of Birth: _____

Authorization Information

Whom do you authorize to use your card?

Name: _____

Address: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

I hereby authorize _____ to make Lowes Foods to Go purchases and apply the charges to the above credit card which is in my name. I release Lowes Foods To Go from all liability for charges made by this person to my credit card and I will notify Lowes Foods To Go in writing if this authorization is terminated.

Card Holder's Signature _____ Date: _____

Card Holder's Name (Please print) _____

Office Use Only

Confirmation date: _____ Rep: _____ Code: _____