



ZEYTUNA CHARGE CARD APPLICATION

APPLICANT CONTACT INFORMATION

NAME:		LAST NAME:	
PHONE:		E-MAIL :	

BILLING/STATEMENT ADDRESS:

CITY:	STATE:	ZIP CODE:

HOME ADDRESS: SAME AS ABOVE

CITY:	STATE:	ZIP CODE:

CREDIT CARD PAYMENT CONSENT

I,, authorize Zeytuna to charge my personal credit card for Zeytuna House Account monthly statement.

PRIMARY CC#	EXP. DATE:
SECONDRY CC#	EXP. DATE:
SIGNATURE:	DATE:

AGREEMENT

1. The above signature authorizes Zeytuna to charge the applicants credit card.
2. Once processed, applicants account will be assigned a Zeytuna Charge Account and given Zeytuna Loyalty Card.
3. Charge Accounts are to be paid in full at the end of the month.
4. Accounts past due more than 10 business days to be frozen until payment has been made in full.
5. Claims arising from invoices must be made with in 10 business days.
6. If the primary credit card ceases to be valid, secondry credit card account to substitute for the invalid card.
7. Applicant agrees that in the event primary and/or secondary card fails to honor monthly invoice, he/she will be personally liable for the invoice and make paymet with in (10) days of written demand to address or e-mail address above. In addition, applicant agrees that he or she will be personally liable for all cost associated with collection, correction, attorney fees, interest and disbursement.
8. Lost or stolen cards must be reported immediately to the Zeytuna Market office.
9. Applicant is responsible for any transaction occurred between the time the card is lost/stolen and Zeytuna Market is informed of the lost/stolen card since the account card is used the point of service not personel identity.
10. **DELIVERY:** Delivery service is only available to your billing address

I have read the terms of the agreement stated above and agreed to be bound by same.

SIGNATURE:	DATE:
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