

**PAYMENT INFORMATION**

SUPERVALU Deductions, Check or Credit Card Payments

Only Farm Fresh or SUPERVALU Vendors that have established accounts with Farm Fresh can be billed. Other participants can pay by check or credit card payment.

Deduct from SUPERVALU Accounts

Payable SUPERVALU AP # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

A check in the amount of \$ \_\_\_\_\_ is enclosed.  
Please make payable to The Farm Fresh Charitable Foundation, Reference Charity Golf Classic. If possible, please return in the envelope provided.

Credit Card payment of \$ \_\_\_\_\_

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**VENDOR INFORMATION REQUIRED**

Broker with more than one principal to be billed must complete information for each principal name, account number and amount to be billed (additional spaces available on the backside of this form).

Company/Manufacturer \_\_\_\_\_

Broker/Representative Name (if applicable) \_\_\_\_\_

SUPERVALU AP Number \_\_\_\_\_ Amount to be billed \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Payment must be received within 30 days of receipt of invoice or I understand that payment will be deducted from my company's purchase payments.

**BROKERS WITH MORE THAN ONE PRINCIPAL TO BE BILLED MUST COMPLETE INFORMATION FOR EACH OF THOSE PRINCIPALS.**

Company/Manufacturer

Broker/Representative Name (if applicable)

SUPERVALU AP Number Amount to be billed

Billing Address

City, State, Zip Code

Day Time Phone Number Fax Number

Email Address

Signature

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