

EBT PAYMENT FORM

Please complete this form when placing your order by mail.

CARDHOLDER NAME: _____ (Please print clearly)

CARD NUMBER: _____

PURCHASE AMOUNT: _____

CARDHOLDER SIGNATURE: _____

In signing this form, I believe that the food stamp funds are available for the full amount of this transaction.

Please note that food stamp funds MUST be available at the time you place your order. If the funds are not available and we are unable to obtain an approval code before the order deadline date your order will not be placed and will be returned to you. NO EXCEPTIONS.