

**Credit Card Authorization Form**

**Customer Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Authorization**

I, the undersigned, authorize New England Wholesale Florist to charge the credit card listed below for all purchases made on the account listed above.

**Credit Card Information**

**☐ Visa ☐ Mastercard ☐ American Express ☐ Discover**

**Name on Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date (MM/YY):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CVV Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZIP Code (for billing):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization Agreement**

By signing below, I authorize New England Wholesale Florist to charge my credit card for the amount(s) listed above. I understand that this authorization will remain in effect until the end date specified (if recurring), or until I provide written notice of cancellation. I agree to notify the business of any changes to my account or billing information. I understand that all sales are subject to the terms and conditions of New England Wholesale Florist, and I agree to those terms.

I certify that I am an authorized user of this credit card and will not dispute these transactions with my credit card company, provided the charges are consistent with the terms of this authorization.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT:**

**Please return this completed document in person, or mail it to PO BOX 207 Plainville, CT 06062**