



**NEW ENGLAND  
WHOLESALE FLORIST**

**New England Wholesale Florist**  
**Serving CT Florists Since 1975**  
161 Woodford Ave Unit 58B  
Plainville, CT 06062  
203-238-7448  
neflorist@gmail.com  
www.newenglandflorist.com

## **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**