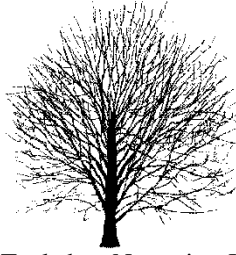


PLEASE WRITE LEGIBLY



Tuckahoe Nurseries, Inc.
PO Box 576
Tuckahoe, NJ 08250
Phone 609-861-0533 Fax 609-861-0383

CREDIT CARD AUTHORIZATION

DATE _____

CUSTOMER NAME

CUSTOMER TNI ACCOUNT NUMBER

NAME ON CREDIT CARD

CREDIT CARD # _____ EXP _____ CODE _____

(Please do not enter credit card # if emailing this form. Only fill in credit card # if you are faxing. Please call the office to provide us with the credit card #, if you are sending this form back via email.)

(On back of card)
(Front for Amex)

ADDRESS ON CREDIT CARD STATEMENT:

STREET ADDRESS

CITY

STATE

ZIP CODE

I/We are hereby authorizing Tuckahoe Nurseries, Inc. to charge the above credit card account in the

Amount of \$ _____ on _____

IF YOU WOULD LIKE YOUR PAYMENT PROCESSED ON A DIFFERENT DATE OTHER THEN THE CURRENT DATE, PLEASE CALL LINDA FRENCH AND LET HER KNOW DIRECTLY.

INVOICE #'S TO BE APPLIED TO: _____

Signature of Card Holder

Signature of Customer's Representative

Date

This authorization may be faxed to 609-861-0383 for processing.