** DBA **

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ representing the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Tax ID number \_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize Flowerfull LLC (Doing business as Flower the Box) to charge my: (check one) for future purchases verbally (or written approved by me) \_\_\_\_\_\_\_ (Initials)

 I certify that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

    **OTHER**

Print name as it appears on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ VCode \_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the credit card holder, I also authorize Flowerfull LLC. to charge my credit card the amount of $1 in order to confirm the activation of the card. \_\_\_\_\_ (Initials) $1 will be accredited to your account.

Your completion of this credit card authorization agreement helps us to protect you, our valued customers, from credit card fraud. Flowerfull LLC. will keep all information entered on this form strictly confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature Date