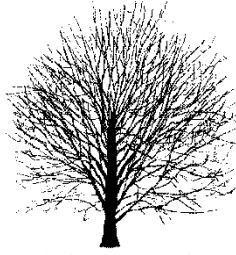


PLEASE WRITE LEGIBLY



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**

EMAIL ADDRESS TO RECEIVE RECEIPT:

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.