



CREDIT CARD AUTHORIZATION FORM

I authorize Flourish and Grace LLC to charge my credit card for the purchases listed below:

Company Name: _____

Date: _____ Phone: _____

Credit Card Type: (___) Visa (___) Mastercard (___) Amex (___) Other

Cardholder Information

Credit Card #: _____

Exp. Date: _____ V-Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Name: _____

I Understand that Flourish and Grace LLC has requested that we pay invoices via Credit card (Visa, Master Card, AMEX) By signing this form we authorize Flourish and Grace LLC to charge the above card at the time of purchase for any purchases made by the authorized personnel.

Purchase Information

Authorized Purchase Amount:

() Always charge my credit card for all purchases.

() One Time.

I will be responsible for notifying Flourish and Grace LLC of any changes in these authorized personnel. We understand that Flourish and Grace LLC will only utilize this service with the verbal authorization of one of the above mentioned employees. Flourish and Grace LLC is not responsible for any misrepresentation regarding the identity of the employee

Authorized Signature: _____ Print Name: _____

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