



TRIPLE O NURSERY FARMS, INC.

This letter serves as authorization for Triple O Nursery Farms, Inc. to use the following credit card for the following phone orders:

Date: _____

Cardholders Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ship to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card: Visa _____ Cid _____ Exp. _____

Mastercard _____ Cid _____ Exp. _____

Am Ex _____ Cid _____ Exp. _____

*By signing this document, you have authorized Triple O Nursery Farms, Inc. to charge the following invoice(s) to your account.

Invoice(s) _____ Date: _____

Dollar Amount Authorized: _____

Authorized By: _____

Print Name

Signature

This form must be signed and completed in full by the authorized user of the credit card.

CREDIT AUTHORIZATION

14750 S.W. 248 Street ♦ Homestead, FL 33032
T: 305.246.0656 ♦ Toll Free: 800.273.0656 ♦ F: 305.257.2712
Email: sales@we-r-plants.com