



CARD ON FILE
AMERICAN EXPRESS® CARDS

Please Fill Out, Sign and Fax to 251-964-6594...ATTN: Arleen

Step 1: General Information (Please Print)

Name
Address
City State Zip Work Phone

Step 2: Payment Information

American Express Card # Expiration Date (mm/yy)

Cardmember Name as it appears on Card

Card Billing Address City State Zip

Recurring Billing on American Express Card Authorized? Yes No

DESIGNATE TYPES OF PAYMENTS UNDER CURRENT AGREEMENT TO BE CHARGED:

Three horizontal lines for designating payment types.

Authorized Signature

Terms and Conditions

[TO BE REVISED BY RISK MANAGEMENT, AS APPROPRIATE]

The undersigned (Cardmember) hereby authorizes Flowerwood Nursery to charge the full amount of the payments designated above due under its agreement with Flowerwood Nursery to the American Express Card (Card) indicated above.

Cardmember's Signature Date