



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

Card Number# _____ Expiration Date (mm/yy) _____
Card Owner Name as it appears on Card _____
Card Billing Address _____ City _____ State _____ Zip _____
Recurring Billing on Visa/ MasterCard Authorized? Yes No CV Code (3 digits) _____
Alternate Shipping Address: _____

DESIGNATE TYPES OF PAYMENTS UNDER CURRENT AGREEMENT TO BE CHARGED:

Authorized Signature _____

Terms and Conditions

The undersigned (*Card Owner*) hereby authorizes **Flowerwood Nursery** to charge the full amount of the payments designated above due under its agreement with **Flowerwood Nursery** to the Visa/MasterCard Card (Card) indicated above. Card Owner understands and agrees that it is making these payments according to the provisions of the applicable agreement between it and **Flowerwood Nursery** If the Card used for these charges is declined for payment for any reason, the Card Owner understands and agrees that it remains responsible for the full amounts of the payments according to such agreement. Card Owner, understands and agrees that a right to a refund from Visa/MasterCard or **Flowerwood Nursery** is subject to all provisions of the underlying agreement and to its Card account or Card Owner agreement with Visa/MasterCard. Card Owner acknowledges and agrees that the dollar amount of the foregoing payments will appear on its Card billing statement and that it will be obligated to pay that amount to Visa/MasterCard in accordance with the terms of its Card account or Card Owner agreement with Visa/MasterCard. Card Owner shall attempt to resolve any inquiry or dispute with respect to its payments on the Card with **Flowerwood Nursery**

Card Owner's Signature _____ Date _____