



## Credit Card Authorization Form

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Instructions:

- 1) Complete and sign the credit card authorization form.
- 2) Include a photocopy of the **front** and **back** of the signed credit card.
- 3) Please fax back to (760) 731-5205.

I, \_\_\_\_\_, hereby authorize Kendall Palm Nursery, Inc. to charge my credit card account in the amount of \$ \_\_\_\_\_.

Credit Card: (Please circle)    Visa                      Mastercard                      American Express

Credit Card Number: \_\_\_\_\_.

Expiration Date: \_\_\_\_\_.

Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_