

CREDIT CARD PAYMENT AUTHORIZATION

FOR: ROYAL CREST NURSERIES, LLC
4185 Deen Still Rd.
Polk City, FL 33868
863-984-3000 ext. 100

DATE: _____

FROM: (Name, Address & Phone)

CARD INFORMATION

CARD TYPE (Circle): MASTER CARD VISA AMERICAN EXPRESS

CARD NUMBER: _____

SECURITY CODE: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

TOTAL AMOUNT: _____

INVOICES TO BE PAID: _____

AUTHORIZATION SIGNATURE: _____

PRINTED NAME: _____

PLEASE COMPLETE THIS FORM AND FAX IT AT: 863-984-3008