

CONFIDENTIAL

Credit Card Authorization

Please complete this credit card authorization form if you wish to pay by credit card. Please note, in the event that your credit card is declined, Papio Valley Nursery will continue to attempt to process payment until it has done so successfully. Thank you for your business!

Company Name:					
Please charge m	y:				
Visa □	Master Card □	Discover Car	rd 🗆	Ameri	ican Express □
Card Number:					Expiration Date:
Name as it appears on card:					CVV Code:
First	Last				
Zip Code:					Payment Amount:
Email address:					
Please keep my c	redit card number or	n file: Yes □		No [
Charge: After ea	ach invoice □ W	eekly 🗆	Month	nly 🗆	
Special Instruction	<u>ns:</u>				
Signature:					Date: