Papio Valley Nursery, Inc.
PO Box 461063
Papillion, NE 68046-1063

CONFIDENTIAL

Credit Card Authorization

Please complete this credit card authorization form if you wish to pay by credit card and mail or fax to: Papio Valley Nursery, Inc., P.O. Box 461063, Papillion, NE 68046-1063. Fax number: 402-505-3421

Company Name: _____

Please charge my:

Visa ☐ Master Card ☐ Discover Card ☐ American Express ☐

Card Number: _____

CVV Code: _____

Name as it appears on card:

_____
First Last

Expiration Date: _____

Zip Code: _____

Payment Amount: $ _____

Email address: _____

Please keep my credit card number on file: Yes ☐ No ☐

Charge: After each invoice ☐ Weekly ☐ Monthly ☐

Special Instructions:

Signature: _____

Date: _____