VIP FLORAL

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CREDIT CARD AUTHORIZATION FORM (CARD PRESENT NOT REQUIRED)

1) CUSTOMER / CARDHOLDER INFORMATION

Full Name (as shown on card): _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

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2) AUTHORIZED CHARGE DETAILS

Amount Authorized (USD): $_____

Charge Type (check one): [ ] One-time charge [ ] Recurring (must specify frequency below) [ ] Additional charges allowed (approved substitutions/add-ons)

If recurring, frequency: [ ] Weekly [ ] Monthly [ ] Other: _____ **Start Date:** ____ / ____ / _____ **End Date (if any):** ____ / ____ / _____

3) CREDIT CARD INFORMATION

Card Type (check one): [ ] Visa [ ] Mastercard [ ] AmEx [ ] Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): _____ / _____

CVV: _____

Name on Card: _____

4) AUTHORIZATION & AGREEMENT

I, _____ ("Cardholder"), authorize **VIP FLORAL** to charge my credit/debit card for the amount indicated above for the goods/services described. I understand that this authorization is valid until the transaction is completed (or until I cancel in writing for recurring charges, if applicable). I certify that I am an authorized user of this card and will not dispute the payment with my card issuer provided the transaction corresponds to the terms indicated on this form.

Cardholder Signature: _____ **Date:** ____ / ____ / _____

5) ID VERIFICATION

Driver License / ID Type: _____ State: _____ ID #: _____

(Attach a copy of the cardholder’s ID and the card used).
