

Botanica Wholesale Florist, LLC

3208 International Place

Irving, Texas 75062

Phone 972-313-9445

Fax 972-573-2673

CREDIT CARD AUTHORIZATION FORM

For your protection, Botanica Wholesale Florist, LLC (Botanica) requires the following information for credit card transactions. Botanica needs the name and address associated with the card account and the 3 or 4 digit security code from the back of your card.

Please complete and sign the authorization form below and either mail or fax it to Botanica as soon as possible. Botanica is required to keep a copy of this form at all times.

I (print name) _____ on behalf of (shop name) _____ (the "Company") authorize Botanica Wholesale Florist, LLC to charge the following credit card without the necessity of my signature for all future orders, purchases, and sums owed by the Company, effective as of the date below.

Card type:

___ Visa ___ Mastercard ___ American Express ___ Discover

Card Holder Name: _____

Address on Account: _____

(Street)

(City, State, Zip)

(Phone No.)

Card Number _____

Expiration Date _____ Security Code _____

I certify I am the authorized holder and signer of the above-referenced credit card and agree to hold Botanica harmless against any liability pursuant to this authorization. This authorization shall remain in effect until such time that the undersigned provides written notification to Botanica of its termination.

Authorized Signature _____ Date _____