



2655 Collins Ave #907 Miami Beach, FL 33140

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## CREDIT CARD AUTHORIZATION FORM

Please complete this form and fax to **305-672-1286**

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COMPANY NAME (please print)

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NAME ON CARD

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MAILING ADDRESS FOR CREDIT CARD HOLDER

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CITY

STATE/PROVINCE

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POSTAL CODE

PHONE NUMBER

THIS DOCUMENT WILL PROVIDE US WITH THE NECESSARY INFORMATION REQUIRED TO PROCESS A PAYMENT TO YOUR ACCOUNT VIA A CREDIT CARD TRANSACTION.

I Hereby authorize MR ROSES FLOWER COMPANY to charge my invoices to my Credit Card.

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CARD HOLDER NAME (as it appears on the credit card)

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CREDIT CARD NUMBER

3-4 DIGIT CODE ON CARD

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EXPIRY DATE

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SIGNATURE

### Terms and Conditions

We will notify Mr Roses of any changes to our credit card information. This agreement can be terminated upon written or verbal notification, at any time by either the customer or Mr Roses.