



## CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize Bloomology Global, LLC to charge your credit card listed below.

By signing this form, you give Bloomology Global, LLC permission to charge your account for the amount indicated on invoice, as agreed upon.

**Please complete the information below:**

I, \_\_\_\_\_, authorize Bloomology Global LLC, to charge the credit card I have indicated below for purchases made on my account. The payment is for services rendered and product being fresh cut flowers and floral items related to the trade.

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Email: \_\_\_\_\_

Card Number: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Expiration: (MM/YYYY): \_\_\_\_\_

Account Type (Check Card):  **VISA**  **Master Card**  **AMEX**  **Discover**

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature Required for authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated on this form according to the terms outlined above. This payment authorization is for the goods/services described above, per the amount of each invoice billing billed. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_