

River Valley

Floral Distributors

6301 Prairie Drive, Fort Smith, AR 72916 Phone (479)452-1199 Fax (479)452-2538

Credit Card Authorization Form

Name as it appears on the card: _____

Billing Address: _____

Store Name: _____

Credit Card (check one): Amex Visa MC Discover

Credit Card Number: _____

Expiration Date: _____

TO BE USED FOR (check one or more)

ONE PURCHASE

AS NEEDED

PAY WEEKLY

PAY STATEMENT

ONLY WHEN CALLED BY CARDHOLDER

Authorized people who can charge to this card:

Name: Signature: _____

Name: Signature: _____

Name: Signature: _____

BY SIGNING BELOW, THE CARDHOLDER LISTED ABOVE AUTHORIZES RIVER VALLEY FLORAL

DISTRIBUTORS TO MAKE CHARGES TO THE LISTED CARD PER THE INSTRUCTIONS ABOVE.

THE CARDHOLDER AGREES THAT THESE INSTRUCTIONS WILL REMAIN VALID UNTIL AUTHORIZATION IS REVOKED BY THE CARDHOLDER IN WRITING.

Cardholder Signature: _____

Date: _____

To PRINT off a Copy of this file.